

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91649 042 \*\*\*150.00

**DOCUMENT # P00000115237**

**1. Entity Name**  
**INDUSTRIAL COATINGS & LININGS, INC.**

**Principal Place of Business**

**5516 CLUB HILL WEST  
 LAKE LAND FL 33813-7817**

**Mailing Address**

**5516 CLUB HILL WEST  
 LAKE LAND FL 33813-7817**

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**City & State**

**Zip**

**Country**

**4. FEI Number**

**65-1060473**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**DUVALL, JAMES M  
 5516 CLUB HILL WEST  
 LAKE LAND FL 33813-7817**

**7. Name and Address of New Registered Agent**

**Name** JASON DUVALL  
**Street Address (P.O. Box Number is Not Acceptable)** 5516 CLUB HILL WEST  
**City** LAKE LAND **FL** **Zip Code** 33807

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE** JASON DUVALL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/02

DATE

**9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)**

**FILE NOW! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

**10. Election Campaign Financing  
 Trust Fund Contribution.**

**\$5.00 May Be  
 Added to Fees**

**11. OFFICERS AND DIRECTORS**

|                       |                         |                                 |
|-----------------------|-------------------------|---------------------------------|
| <b>TITLE</b>          | D                       | <input type="checkbox"/> Delete |
| <b>NAME</b>           | DUVALL, JAMES M         |                                 |
| <b>STREET ADDRESS</b> | 5516 CLUB HILL WEST     |                                 |
| <b>CITY-ST-ZIP</b>    | LAKE LAND FL 33813-7817 |                                 |
| <b>TITLE</b>          | D                       | <input type="checkbox"/> Delete |
| <b>NAME</b>           | DUVALL, JASON G         |                                 |
| <b>STREET ADDRESS</b> | 5825 DEER TRACKS TRAIL  |                                 |
| <b>CITY-ST-ZIP</b>    | LAKE LAND FL 33811      |                                 |
| <b>TITLE</b>          |                         | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                         |                                 |
| <b>STREET ADDRESS</b> |                         |                                 |
| <b>CITY-ST-ZIP</b>    |                         |                                 |
| <b>TITLE</b>          |                         | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                         |                                 |
| <b>STREET ADDRESS</b> |                         |                                 |
| <b>CITY-ST-ZIP</b>    |                         |                                 |
| <b>TITLE</b>          |                         | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                         |                                 |
| <b>STREET ADDRESS</b> |                         |                                 |
| <b>CITY-ST-ZIP</b>    |                         |                                 |
| <b>TITLE</b>          |                         | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                         |                                 |
| <b>STREET ADDRESS</b> |                         |                                 |
| <b>CITY-ST-ZIP</b>    |                         |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |  |   |
|-----------------------|--|---|
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

DATE

Daytime Phone #

CR2E034 (9/01)