

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90333 050 \*\*\*150.00

**DOCUMENT # P00000115634**

1. Entity Name

**PROTEK COOL COATINGS, INC.**

Principal Place of Business

**3750 DIAMOND ST  
 PACE FL 32571**

Mailing Address

**3750 DIAMOND ST  
 PACE FL 32571**

2. Principal Place of Business

**4136 Polk Ave 3688 Misty Woods Circle**  
 Suite, Apt. #, etc.

3. Mailing Address

**4136 Polk Ave 3688 Misty Woods Circle**  
 Suite, Apt. #, etc.

City & State

**Pace, FL 32571**

City & State

**Pace, FL 32571**

4. FEI Number

**59-3687535**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, EVELYN K  
 3750 DIAMOND ST  
 PACE FL 32571**

7. Name and Address of New Registered Agent

Name

**Evelyn K. Smith**

Street Address (P.O. Box Number is Not Acceptable)

**4136 Polk Ave. 3688 Misty Woods Circle**

City

**Pace**

**FL**

Zip Code  
**32571**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME ☐ Delete  
**PSC SMITH, EVELYN K**  
 STREET ADDRESS **4136 POLK AVE**  
 CITY-ST-ZIP **PACE FL 32571**

TITLE NAME ☐ Delete  
**DVP SMITH, NORMAN C**  
 STREET ADDRESS **4136 POLK AVE**  
 CITY-ST-ZIP **PACE FL 32571**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**Evelyn K. Smith**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-02**  
 Date

**850-995-9195**  
 Daytime Phone #

CR2E034 (9/01)