

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90186 014 \*\*\*150.00

**DOCUMENT # P01000010208**

**1. Entity Name**  
**TMS INDUSTRIAL COATINGS CORPORATION**

**Principal Place of Business**

**1005 TRADEWINDS DR**  
**TARPON SPRINGS FL 34689**

**Mailing Address**

**1005 TRADEWINDS DR**  
**TARPON SPRINGS FL 34689**

**2. Principal Place of Business**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**3. Mailing Address**

**PO Box 2532**

Suite, Apt. #, etc.

**City & State**

**Tarpon Springs FL**

**Zip**

**34688**

**Country**

**USA**

**4. FEI Number**

☒ **Applied For**

☐ **Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**KOURKOUTIS, STRANTO**  
**1004 TRADEWINDS DR**  
**TARPON SPRINGS FL 34689**

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

**Name** **Strato Kourkoutis**

**Street Address (P.O. Box Number is Not Acceptable)**  
**PO Box 2532 Tradewinds Dr.**

**City** **Tarpon Springs** **FL** **Zip Code** **34689**

**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)

**1-23-02**

**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**

**TITLE** **Strato Kourkoutis** ☐ **Delete**  
**NAME** **President**  
**STREET ADDRESS** **PO Box 2532**  
**CITY-ST-ZIP** **Tarpon Springs FL 34688**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

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

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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STRATO Kourkoutis 1-23-02**

Date

Daytime Phone #

**727 9348600**

CR2E034 (9/01)