

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90144 004 ***150.00

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DOCUMENT # P01000029723

1. Entity Name
ACRYLICRETE COATINGS, INC.



Principal Place of Business
5543 BRECKENRIDGE CIRCLE
ORLANDO FL 32818

Mailing Address
5543 BRECKENRIDGE CIRCLE
ORLANDO FL 32818



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3706322

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENTON, WAYNE
5443 BRECKENRIDGE CIRCLE
ORLANDO FL 32818

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DENTON, WAYNE	
STREET ADDRESS	5443 BRECKENRIDGE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DENTON, WAYNE	
STREET ADDRESS	5543 BRECKENRIDGE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	DENTON, LAURIE	
STREET ADDRESS	5543 BRECKENRIDGE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE DENTON REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. 1/22/03 407-298-8271

Date

Daytime Phone #

CR2E034 (10/02)