

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90666 043 ***150.00

DOCUMENT # P01000043308

1. Entity Name
DR. SEAL-COAT, INC.

DO NOT WRITE IN THIS SPACE

B0064408

2. Principal Place of Business 10851 GULF SHORE DR. #105
3. Mailing Address 1782 Imperial Golf Course Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.
#101

City & State NAPLES, FL
City & State Naples, FL

Zip 34108 **Country**
Zip 34110 **Country** USA

4. FEI Number 59-3719189
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Dennis S. Gold, ESq.
Street Address (P.O. Box Number is Not Acceptable)
2335 Tamiami Trail North, Suite 301
City Naples **FL** **Zip Code** 34103

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY-ST-ZIP	D Dennis S. Gold 2335 Tamiami Trail North, #301 Naples, FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Howard B. Russell, Jr. 1782 Imperial Golf Course Blvd. #101 Naples, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other life empowered.

SIGNATURE:  **Howard B. Russell, JR./Pres. 4/3/02** **941-564-3825**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)