

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90262 021 ***150.00

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DOCUMENT # P01000059011

1. Entity Name
TWOSEAS COATINGS, INC.



Principal Place of Business
**6827 80TH TERRACE N
PINELLAS PARK FL 33781**

Mailing Address
**6827 80TH TERRACE N
PINELLAS PARK FL 33781**



2. Principal Place of Business

8401 EAST ANDY LANE

3. Mailing Address

8401 EAST ANDY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

FLORAL CITY FL

City & State

FLORAL CITY FL

4. FEI Number

59-3732080

Applied For

☐ Not Applicable

Zip

34436

Country

CITRUS

Zip

34436

Country

CITRUS

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUPPERT, CHRIS

6827 80TH TERRACE N

PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

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

8401 EAST ANDY LANE

City

FLORAL CITY,

FL

Zip Code

34436

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **BUPPERT, CHRIS**
STREET ADDRESS **6827 80TH TERRACE N**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **DS** ☐ Delete
NAME **OFARRELL, CORDELIA**
STREET ADDRESS **6827 80TH TERRACE N**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8401 EAST ANDY LANE**
CITY-ST-ZIP **FLORAL CITY, FL 34436**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **8401 EAST ANDY LANE**
CITY-ST-ZIP **FLORAL CITY, FL 34436**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)