2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000067635

Entity Name: FLORIDA COATING SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 684
DAVENPORT, FL 33836

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 684
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 59-3729708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

BARWICK, MATTHEW M
703 LAKE ELOISE PLACE DR.
WINTER HAVEN, FL 33884 US

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: MATTHEW M. BARWICK 04/04/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BARWICK, MATTHEW M
Address: 703 LAKE ELOISE PLACE DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: SUMMERLIN, CHARLES B
Address: #1 MAPLE STREET
City-St-Zip: DAVENPORT, FL 33836

Title: D ( ) Delete
Name: KINCAID, ROBERT
Address: 1147 CETHIA ST.
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/C (X) Change ( ) Addition
Name: BARWICK, MATTHEW M
Address: 703 LAKE ELOISE PLACE DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: V/T (X) Change ( ) Addition
Name: SUMMERLIN, CHARLES B
Address: #1 MAPLE STREET
City-St-Zip: DAVENPORT, FL 33836

Title: V/S (X) Change ( ) Addition
Name: KINCAID, ROBERT W
Address: 1147 CEPHIA ST.
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW M. BARWICK P/C 04/04/2002
Electronic Signature of Signing Officer or Director Date