

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-06-2002 90032 016 ***158.75

DOCUMENT # P01000084364
 1. Entity Name
PERFORMANCE MARINE COATINGS, INC.

Principal Place of Business Mailing Address
 275 SOUTHWEST 33RD STREET 275 SOUTHWEST 33RD STREET
 FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 1100 West St. Rd. 34 Suites 1100 West St. Rd. 34
 Suite 5 Suite 5

City & State City & State
 Fort Lauderdale, Fl. Fort Lauderdale Fl.
 Zip Zip Country Country
 33315 33315 USA USA

4. FEI Number Applied For
 65-1136448 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MORTON, STEPHEN
 3219 S. PORT ROYALE DRIVE
 FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
 Name: **Morton, John S.**
 Street Address (P.O. Box Number if Not Acceptable):
3219 South Port Royale
 City: **Port Lauderdale FL** Zip Code: **33308**

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: *John Stephen Morton* **JOHN STEPHEN MORTON, Pres. 1-25-02**
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. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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	D	<input type="checkbox"/> Delete
NAME	MORTON, STEPHEN	
STREET ADDRESS	3219 S. PORT ROYALE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morton, John S	
STREET ADDRESS	3219 S. Port Royale Dr	
CITY-ST-ZIP	Port Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John S. Morton* **JOHN S. MORTON** 1-21-02
Signature and typed or printed name of signing officer or director Date 954-523-8668
Daytime Phone #

CR2E034 (9/01)