

2003-UBR
AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:00

DOCUMENT # 801000111405

1. Entity Name

FLORIDA TILE-ROOF COAT, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6816 No. Salford Blvd

Suite, Apt. #, etc.

3. Mailing Address

6816 No. Salford Blvd.

Suite, Apt. #, etc.

City & State

North Port, FL 34286

Zip

34286

Country

Sarasota

City & State

North Port, FL 34286

Zip

34286

Country

Sarasota

4. FEI Number

59-3756772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MRS

7. Name and Address of Current Registered Agent

Name

David J. Mull

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

6816 No. Salford Blvd.

North Port, FL 34286

City

North Port,

FL

Zip Code
34286

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 re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	David J. Mull	6816 No. Salford Blvd.	North Port, FL 34286
DSTV	Tina Mull	6816 No. Salford Blvd.	North Port, FL 34286
V	Jason Batterton	6816 No. Salford Blvd.	North Port, FL 34286

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David J. Mull, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-24-03

CR2E034B (12/02)