Orig. Ret/Undel

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 16 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000114526

1. Entity Name
CUSTOM COATINGS PLUS OF JACKSONVILLE, INC.

DO NOT WRITE IN THIS SPACE

100007822831--8
-09/18/02--01032--015
****193.75 ****193.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3335 EMAN DR.	3335 EMAN DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32216 Country: USA	Zip: 32216 Country:

4. FEI Number: 59-3552533 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LillieSupsuk

Street Address (P.O. Box Number is Not Acceptable):
3335 EMAN DR.

City: JACKSONVILLE FL Zip Code: 32216

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: X Lillie Supsuk 9/12/2002
Signature of an officer or director required if registered agent is not 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	PRESIDENT, DIRECTOR LILLIE SUPSUK 3335 EMAN DR JACKSONVILLE, FL 32216
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CR2E034B (12/01)

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 like empowered.

SIGNATURE: Lillie Supsuk 9/12/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JS 9/16/02