

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90168 015 ***150.00

DOCUMENT # P02000047255



1. Entity Name
SOUTH FLORIDA CLEARCOAT, INC.

Principal Place of Business
925 N.W. 127 AVENUE
CORAL SPRINGS FL 33071

Mailing Address
925 N.W. 127 AVENUE
CORAL SPRINGS FL 33071



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
925 NW 127 Ave.
Suite, Apt. #, etc.

3. Mailing Address
925 NW 127 Ave.
Suite, Apt. #, etc.

City & State
Coral Springs.

City & State
Coral Springs

4. FEI Number
43-1959151

Applied For
Not Applicable

Zip
33071

Country
USA.

Zip
33071

Country
USA.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAMMARO, DONNA
925 N.W. 127 AVENUE
CORAL SPRINGS FL 33071

Name

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

City

FL

Zip Code

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
NAME **DONNA TAMMARO**
STREET ADDRESS **925 NW 127 Ave.**
CITY-ST-ZIP **Coral Springs, FL. 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☐ Delete
NAME **DONNA TAMMARO**
STREET ADDRESS **925 NW 127 Ave.**
CITY-ST-ZIP **Coral Springs, FL. 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary - TREASURER** ☐ Delete
NAME **DONNA TAMMARO**
STREET ADDRESS **925 NW 127 Ave.**
CITY-ST-ZIP **Coral Springs, FL. 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Donna Tammaro**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 28, 2003 **954-695-3000**
Date **Daytime Phone #**

CR2E034 (10/02)