

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90359 040 ***150.00

DOCUMENT # P02000048592

1. Entity Name
ABSOLUTE POWDER COATING INC



Principal Place of Business
**380 SOUTH EAST 1ST TERRACE
POMPANO BEACH FL 33060**

Mailing Address
**380 SOUTH EAST 1ST TERRACE
POMPANO BEACH FL 33060**

2. Principal Place of Business
1254 NW 21ST STREET

3. Mailing Address
1254 NW 21ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
POMPANO BEACH

City & State
POMPANO BEACH

4. FEI Number
74-3041552

Applied For
Not Applicable

Zip
33069

Country
BROWARD

Zip
33069

Country
BROWARD

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

**MARKS, ROBERT D
380 SOUTH EAST 1ST TERRACE
POMPANO BEACH FL 33060**

Name

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

1254 NW 21ST STREET Bay 1

City **POMPANO BEACH**

FL

Zip Code **33069**

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 Robert D. Marks **Robert D. MARKS**

1-28-03

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MARKS, ROBERT D**
STREET ADDRESS **380 SOUTH EAST 1ST TERRACE**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☒ Change ☐ Addition
NAME **1254 NW 21ST STREET**
STREET ADDRESS **POMPANO BEACH, FL**
CITY-ST-ZIP **33069**

TITLE **V** ☐ Delete
NAME **DILLON, DAVID M**
STREET ADDRESS **23181-E FOUNTAIN VIEW DR**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☒ Change ☐ Addition
NAME **1254 NW 21 STREET**
STREET ADDRESS **POMPANO BEACH, FL**
CITY-ST-ZIP **33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
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: Robert D. Marks **Robert D. MARKS**

1-28-03 (954) 917-2715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)