

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90503 021 ***150.00

DOCUMENT # P02000107996

1. Entity Name
CAPITAL COATINGS, INCORPORATED



Principal Place of Business
P.O. BOX 1167
TALLAHASSEE FL 32302

Mailing Address
P.O. BOX 1167
TALLAHASSEE FL 32302

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

Zip _____ **Country** _____

Zip _____ **Country** _____

4. FEI Number 16-1627073

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BULLOCK, JACK C
1546 GRAPE ST
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name Jack C. Bulloch
Street Address (P.O. Box Number is Not Acceptable) 1546 Grape St.
City Tallahassee **FL** **Zip Code** 32303

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 *J. Bulloch - President* **DATE** 1-16-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BULLOCK, JACK C	
STREET ADDRESS	1546 GRAPE ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROCKWELL, MARK W	
STREET ADDRESS	7508 WREN DR	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack C. Bulloch	
STREET ADDRESS	1546 Grape St.	
CITY-ST-ZIP	Tallahassee FL 32303	
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		

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: *SIGNATURE Bulloch* **DATE** 1-16-03 **DAYTIME PHONE #** 850-933-4911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)