

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1627073

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BULLOCK, JACK C
1546 GRAPE ST
TALLAHASSEE FL 32303

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 **Jack C. Bulloch - President**

1-16-03

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 **BULLOCK, JACK C**
STREET ADDRESS **1546 GRAPE ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **P** ☒ Change ☐ Addition
NAME **Jack C. Bulloch**
STREET ADDRESS **1546 Grape St.**
CITY-ST-ZIP **Tallahassee FL 32303**

TITLE **V** ☐ Delete
NAME **ROCKWELL, MARK W**
STREET ADDRESS **7508 WREN DR**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

1-16-03

850-933-4911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)