

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90214 027 \*\*\*150.00

<b>DOCUMENT # P02000116640</b> 1. Entity Name <b>BILL'S TROPICAL SEALCOATING, INC.</b>					
Principal Place of Business <b>420 NW 52ND STREET FT LAUDERDALE, FL 33309</b>			Mailing Address <b>420 NW 52ND STREET FT LAUDERDALE, FL 33309</b>		
2. Principal Place of Business <b># 8983 OKEECHOBEE BLW</b> Suite, Apt. #, etc. <b># 202 PMB 209</b>		3. Mailing Address <b># 8983 OKEECHOBEE BLW</b> Suite, Apt. #, etc. <b># 202 PMB 209</b>			
City & State <b>WEST PALM BEACH</b>		City & State <b>WEST PALM BEACH</b>		4. FEI Number <b>14-1853860</b>	
Zip <b>33411</b>		Country <b>PALM BEACH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FILINGS, INC. 3732 NW 16TH STREET FT LAUDERDALE, FL 33311</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>SAME</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent's signature required when resigning.) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MIGNEAULT, WILLIAM T</b> <b>420 NW 52ND STREET</b> <b>FT LAUDERDALE, FL 33309</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u>William T Mignault</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4-27-03 561-252-8427</b> Date Daytime Phone #		

CR2034 (10/02)