FILED

## 2003 FOR PROFIT CORPORATION

## Apr 14, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000122858 DOCUMENT # 04-14-2003 90367 013 \*\*\*150.00 1. Entity Name DECORATIVE CEMENT COATINGS, INC. Principal Place of Business Mailing Address 1571 ELLIS LANDING RD. 1571 ELLIS LANDING RD. FERNANDINA BCH FL 32034 FERNANDINA BCH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT L. PETERS, P.A. Street Address (P.O. Box Number is Not Acceptable) 28 SOUTH 10TH ST. FERNANDINA BCH FL 32034 City 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change SPALIATSOS, THOMAS C NAME NAME STREET ADDRESS STREET ADDRESS 1571 ELLIS LANDING RD. CITY-ST-ZIP CITY-ST-ZIF FERNANDINA BCH FL 32034 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAMÉ SPALIATSOS, ELAINE D STREET ADDRESS STREET ADDRESS 1571 ELLIS LANDING RD. CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BCH FL 32034 TITI F TITLE ... ☐ Change ☐ Addition \_ Delete \_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change . Addition NAME NAME STREET ADDRESS 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

■ Addition