

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38682

1. Entity Name

WATTYL PAINT CORPORATION

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90983 037 ***158.75

Principal Place of Business

Mailing Address

PEACHTREE INDUSTRIAL BLVD.
GA 30341

5275 PEACHTREE INDUSTRIAL BLVD.
ATLANTA GA 30341-2626

2. Principal Place of Business

308 Old County Rd
Suite, Apt. #, etc.

3. Mailing Address

308 Old County Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Edgewater, FL	City & State Edgewater, FL	4. FEI Number 58-0554837	Applied For Not Applicable
Zip 32132	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEEBNER, PETER B P.A. 523 NORTH HALIFAX AVE. DAYTONA BEACH FL 32118	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PCEO BOSSET, CHRIS 308 OLD COUNTRY ROAD EDGEWATER FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 308 Old County Rd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DAVIDSON, ANDREW 48 WALKER ST. AUSTRALIA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 4 Steel St Blacktown, Australia 2148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST KEESECKER, ROBERT 308 OLD COUNTRY RD EDGEWATER FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 308 Old County Rd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP AS SANFORD, SONYA C 5275 PEACHTREE INDUST. ATLANTA GA	<input checked="" 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 Assistant Secretary David Dill 308 Old County Rd Edgewater, FL 32132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Assistant Secretary Herbert Short 999 Peachtree St NE Atlanta GA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert P. Keesacker 4/27/00 (904) 428-1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)