

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90811 015 ***150.00

05/01/03 AV

DOCUMENT # P38682

1. Entity Name

WATTYL PAINT CORPORATION



Principal Place of Business

**308 OLD COUNTY RD
EDGEWATER FL 32132**

Mailing Address

**308 OLD COUNTY RD
EDGEWATER FL 32132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-0554837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEEBNER, PETER B P.A.
523 NORTH HALIFAX AVE.
DAYTONA BEACH FL 32118**

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. 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
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 PD ☐ Delete
NAME HECHLER, ROBERT L
STREET ADDRESS 308 OLD COUNTY ROAD
CITY-ST-ZIP EDGEWATER FL 32132

TITLE D ☐ Change ☒ Addition
NAME IAN JACKSON
STREET ADDRESS 4 STEEL ST
CITY-ST-ZIP BLACKTOWN, AUSTRALIA

TITLE D ☒ Delete
NAME PJILLIPS, WARREN
STREET ADDRESS 4 STREET ST
CITY-ST-ZIP BLACKTOWN, AUSTRALIA 2148

TITLE ST ☐ Change ☒ Addition
NAME ROSS LAURIE
STREET ADDRESS 308 OLD COUNTY RD
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE ST ☒ Delete
NAME KEESECKER, ROBERT
STREET ADDRESS 308 OLD COUNTY RD
CITY-ST-ZIP EDGEWATER FL 32132

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

TITLE AS ☐ Delete
NAME SHORT, HERBERT
STREET ADDRESS 999 PEACHTREE ST NE
CITY-ST-ZIP ATLANTA GA 30309-3996

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

4/30/03

386-428-6461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)