

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90071 026 ***158.75

DOCUMENT # P92000009724

1. Entity Name

TECHNICAL URETHANE AND COATINGS, INC.

DO NOT WRITE IN THIS SPACE

80058625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P. O. Box 593752 Suite, Apt. #, etc.		3. Mailing Address P. O. Box 593752 Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32859-3752 Country USA		City & State Orlando, FL Zip 32859-3752 Country USA	
4. FEI Number 59-3169148		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Volker D. Mellor
Street Address (P.O. Box Number is Not Acceptable)
14370 Lord Barclay Drive
City
Orlando FL Zip Code
32837

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

Volker D. Mellor Volker D. Mellor, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/25/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T/S Mellor, Volker D. 14370 Lord Barclay Drive Orlando, FL 32837	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Volker D. Mellor Volker D. Mellor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

3/25/02 (407) 438-1134
Date Daytime Phone #

CR2E034B (12/01)