2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
01-25-2000 90112 012 ***150.00

DOCUMENT # P94000024158

1. Entity Name

J.E. COATINGS, INC.

Principal Place of Business	Mailing Address
2099 HELENA RD WINTER HAVEN FL 33884 US	2099 HELENA RD WINTER HAVEN FL 33881-3820 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21 CASARENA CT.	21 CASARENA CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER HAVEN, FL.	City & State: WINTER HAVEN FL
Zip: 33881 Country: US	Zip: 33881 Country: US

4. FEI Number 59-3237961 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, JAMES E
2099 HELENA RD
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name: THOMAS, JAMES E.
Street Address (P.O. Box Number is Not Acceptable): 21 CASARENA CT.
City: WINTER HAVEN FL Zip Code: 33881

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: James E Thomas JAMES E. THOMAS, PRES. 1-19-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐ **$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	PD THOMAS, JAMES E 2099 HELENA RD WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMAS, JAMES E. 21 CASARENA CT. WINTER HAVEN, FL. 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THOMAS, SUSAN E 2906 JOHN ANDERSON DR ORMOND BCH FL 32176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DENISE HALLMARK 201 SANTA ROSA DR. WINTER HAVEN, FL. 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARDNER, ELEANOR 5404 STRUTHERS RD WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: James E Thomas REQUIRED James E Thomas 1-19-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #