2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90082 026 ***158.75

637275

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000051508

1. Entity Name
ECONOMY CAULKING, INC.

Principal Place of Business	Mailing Address
2937 163RD AVE. N. CLEARWATER FL 34620	2937 163RD AVE. N. CLEARWATER FL 33760-1935 US

2. Principal Place of Business		3. Mailing Address	
16603 US Hwy 19 North		16603 US Hwy 19 North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Clearwater, FL		City & State: Clearwater, FL	
Zip: 33764	Country: United States	Zip: 33764	Country: United States

4. FEI Number 59-3257319 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMES, TIM 2937 163RD AVE. N. CLEARWATER FL 33760	Name: Street Address (P.O. Box Number is Not Acceptable): 3165 Shoreline Drive City: Clearwater FL Zip Code: 33760

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: Timothy A James (signature) — 4/10/2000
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	PSD JAMES, TIM 2937 163RD AVE. N. CLEARWATER FL 34620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3165 Shoreline Drive Clearwater, FL 33760
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLAVER, PAUL 8800 PINEHURST DRIVE SEMINOLE FL 34647	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Timothy A James (signature) — 4/10/2000 — 727-535-8394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #