

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003362

1. Entity Name

DURATEX COATINGS, INC.

Principal Place of Business

5379 WINEWOOD DR.  
SARASOTA FL 34232  
US

Mailing Address

5379 WINEWOOD DR.  
SARASOTA FL 34232-5623  
US

2. Principal Place of Business

5379 Winewood Dr.

Suite, Apt. #, etc.

Sarasota, FL.

City & State

3. Mailing Address

5379 Winewood Dr.

Suite, Apt. #, etc.

Sarasota FL.

City & State

Zip

34232

Country

U.S.

Zip

34232

Country

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREWER, STEVE  
5379 WINEWOOD DR  
SARASOTA FL 34232

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

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	<input type="checkbox"/> Delete
	D BREWER, STEVE	5379 WINEWOOD DR.	SARASOTA FL 34232	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90006 022 \*\*\*150.00

CU031729



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0580650

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

CR2E034 (9/99)