

2000 UNIFORM BUSINESS REPORT (UBR)

2/

FILED

Apr 25, 2000 8:00 am
Secretary of State

02-21-2000 90026 042 ***150.00

DOCUMENT # P95000036718

1. Entity Name

FLUOROGUARD, INC.

Principal Place of Business

Mailing Address

CHAGRIN BLVD.
315
BEACHWOOD OH 44122

24500 CHAGRIN BLVD.
SUITE 315
BEACHWOOD OH 44122-5627

2. Principal Place of Business

46 SOMERSET TERRACE
Suite, Apt. #, etc.

3. Mailing Address

46 SOMERSET TERRACE
Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS FL
Zip 33410 Country USA

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PALM BEACH GARDENS FL
Zip 33410 Country USA

4. FEI Number

65-0588291

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name Robert SAYRE
Street Address (P.O. Box Number is Not Acceptable)

46 SOMERSET TERRACE

City PALM BEACH GARDENS FL Zip Code 33418

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

Robert SAYRE

3/17/2000

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	D	<input type="checkbox"/> Delete
NAME	KRASNEY, SAMUEL J	
STREET ADDRESS	14 PEPPERWOOD LANE	
CITY-STATE-ZIP	PEPPER PIKE OH 44124	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, STEVEN	
STREET ADDRESS	24 BERMUDA LAKE DRIVE	
CITY-STATE-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, IRVING Z	
STREET ADDRESS	2800 SELKIRK ROAD	
CITY-STATE-ZIP	BEACHWOOD OH 44122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Irving Z. Friedman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 Banyan Isle Drive	
STREET ADDRESS	Palm Beach Gardens, FL 33418	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

IRVING Z. FRIEDMAN

3/14/2000

361 691-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/98)