2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P95000049783** 1. Entity Name HIGH PERFORMANCE COATINGS OF CENTRAL FLORIDA. IN

Mailing Address

3. Mailing Address

City & State

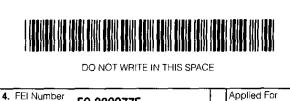
Suite, Apt. #, etc.

HALLANDALE FL 32123-8081

P.O. BOX 238081

Mar 20, 2000 8:00 am Secretary of State

03-20-2000 90054 009 ***150.00



Not Applicable

DD/0/74/0/00

59-3322775

Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GORNTO, L. A JR. Street Address (P.O. Box Number is Not Acceptable) 149-F S. RIDGEWOOD AVENUE DAYTONA BEACH FL 32114 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD ☐ Addition ☐ Delete TITLE TITLE PATTERSON, LAWRENCE C NAME NAME STREET ADDRESS STREET ADDRESS 350 ANTHONY DRIVE CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL 32127 Change ☐ Addition TITLE ☐ Delete NAME BLAIR, EDGAR E STREET ADDRESS STREET ADDRESS 330 WILD ORANGE DRIVE CITY-ST-ZIP CITY-ST-ZIP new Smyrna Beach Fl ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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

SIGNATURE

Principal Place of Business

2. Principal Place of Business

350 ANTHONY DRIVE

PORT ORANGE FL 32127

Suite, Apt. #, etc.

City & State