

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030979

1. Entity Name

ENVIRONMENTAL PROTECTIVE COATINGS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

02-29-2000 90136 020 ***150.00

Principal Place of Business

Mailing Address

7901 209TH ST EAST
BRADENTON FL 34202

P.O. BOX 20937
BRADENTON FL 34204-0937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3371186

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WESTRICK, JOHN A JR

~~10002 WINGED FOOT TER~~

~~BRADENTON FL 34202~~

Name

JOHN A. WESTRICK, JR

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

7901 209TH ST. E.

City

BRADENTON

FL

Zip Code

34202

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
Added to Fee

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WESTRICK, JOHN A JR
7901 209TH STREET EAST
BRADENTON FL 34202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 14, 2000

Date

1-941-322-2222

Daytime Phone #