

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000040742**

1. Entity Name

PRESTIGE COATINGS, INC.**FILED**
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90117 021 ***150.00

Principal Place of Business

**5315 N.W. 10TH TERRACE
FT. LAUDERDALE FL 33309**

Mailing Address

**5315 N.W. 10TH TERRACE
FT. LAUDERDALE FL 33309-3150**

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 **65-0664404**Applied For
Not Applicable5. 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

**TRAGER, ROSS
1000 NORTH HIATUS ROAD
PEMBROKE PINES FL 33026**

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 **D** ☐ Delete
NAME **MORRIS, BARRINGTON**
STREET ADDRESS **5315 N.W. 10TH TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**TITLE **PD** ☐ Change ☒ Addition
NAME **LOCKHART, MARITTA Y.**
STREET ADDRESS **5315 NW 10 TER**
CITY-ST-ZIP **FT. LAUDERDALE, FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 address, with all other like empowered.

SIGNATURE: BARRINGTON MORRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/5/00

Daytime Phone #

954-492-8196

CR2E034 (9/99)