

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003398

1. Entity Name  
PRO-COAT PAINT FINISHES, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
05-02-2001 90020 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5245 BOWLINE BEND  
NEW PORT RICHEY FL 34652

Mailing Address  
5245 BOWLINE BEND  
NEW PORT RICHEY FL 34652

2. Principal Place of Business  
2604 FENTRESS PLACE  
Suite, Apt. #, etc.

3. Mailing Address  
2604 FENTRESS PLACE  
Suite, Apt. #, etc.

City & State  
HOLIDAY FLORIDA  
Zip  
34691  
Country  
U.S.

City & State  
HOLIDAY FLORIDA  
Zip  
34691  
Country  
U.S.

4. FEI Number 59-3342345  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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, 2001 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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	SISCO, KENNETH K	
STREET ADDRESS	5245 BOWLINE BEND	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SISCO, DERRICK K	
STREET ADDRESS	5245 BOWLINE BEND	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	SISCO, DIANA	
STREET ADDRESS	5245 BOWLINE BEND	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres. Sisco DERRICK K.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2604 FENTRESS PL.	
STREET ADDRESS	HOLIDAY, FL. 34691	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: x *Derrick Sisco* DERRICK SISCO Date 7/27 992-0349  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)