

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016514

1. Entity Name

SPECIALIZED INDUSTRIAL COATINGS, INCORPORATED

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90048 050 ***150.00

Principal Place of Business

Mailing Address

2032 29TH AVENUE WEST
BRADENTON FL 34205
US

2032 29TH AVENUE WEST
BRADENTON FL 34205-5251
US

2. Principal Place of Business

3. Mailing Address

6111 15th St E.
Suite, Apt. #, etc.

6111 15th St E.
Suite, Apt. #, etc.

City & State
BRADENTON FL

City & State
BRADENTON FL

Zip Country
34203 MANATEE

Zip Country
34203 MANATEE

4. FEI Number 65-0735974

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

FRISCO, CHARLES L
2032 29TH AVENUE WEST
BRADENTON FL 34205

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: Charles L Frisco as president *Charles L Frisco as president* / 15/00
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> FRISCO, CHARLES 2032 29TH AVENUE WEST BRADENTON FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charles L Frisco as president*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00 941-752-1937
Date Daytime Phone #