2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 15, 2001 8:00 am Secretary of State DOCUMENT # **P97000031088** 1. Entity Name U. S. COATINGS CORP. 02-15-2001 90002 038 ***150.00 Principal Place of Business Mailing Address 8983 ISLESWORTH CT P O BOX 1822 ORLANDO FL 32819 WINDERMERE FL 34786 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3438227 Not Applicable Zip Country Country \$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 ANGELL, PATRICIA 225 S SWOOPE AVE **SUITE 208** MAITLAND FL 32751 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 PTSC TITLE ☐ Delete TITLE Addition NAME Underwood, Lin NAME STREET ADDRESS 8983 ISLESWORTH CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32819 ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.