

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000031739**

1. Entity Name

SAM MINEO'S ALL-STATE SEALCOAT, INC.**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90244 039 ***150.00

Principal Place of Business

5021 MOREE LOOP
WINTER SPRINGS FL 32708

Mailing Address

5021 MOREE LOOP
WINTER SPRINGS FL 32708

2. Principal Place of Business

5021 MOREE LOOP

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

WINTER SPRINGS FL

City & State

SAME4. FEI Number **59-3444945**

Applied For

Not Applicable

Zip

32708

Country

SEMINOLE

Zip

SAME

Country

SAME5. 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

MINEO, SAM F
5021 MOREE LOOP
WINTER SPRINGS FL 32708

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	P	<input type="checkbox"/> Delete
NAME	MINEO, SAM F.	
STREET ADDRESS	5021 MOREE LOOP	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAGE, WAYNE W	
STREET ADDRESS	2419 VIA GENOVA	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MINEO, SAMUEL J	
STREET ADDRESS	124 MOSSWOOD RD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
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		

TITLE	JENNIFER MCLANE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT	
STREET ADDRESS	450 LEE ST	
CITY-ST-ZIP	DELAND FL 32721	
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		
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: **SAM F. MINEO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-01

Date

(407) 257-4783

Daytime Phone #

CR2E034 (10/00)