

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

06-25-2001 90252 004 \*\*\*150.00

**DOCUMENT # P97000041667**

1. Entity Name  
**INDUSTRIAL COATINGS, INC.**

(LA)

Principal Place of Business Mailing Address  
P.O. BOX 1843 P.O. BOX 1843  
WINDERMERE FL 34786 WINDERMERE FL 34786

2. Principal Place of Business 3. Mailing Address  
**1231 W. 25TH STREET P.O. Box 1843**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**ORLANDO FL WINDERMERE, FL**  
Zip Country Zip Country  
**32805 USA 34786 USA**

4. FEI Number **59-3600209** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**MOORE, DAVID**  
**6224 RALEIGH ST**  
**#810**  
**ORLANDO FL 32835**

## 7. Name and Address of New Registered Agent

Name **DAVID MOORE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1231 W. 25TH STREET**  
City **ORLANDO FL** Zip Code **32805**

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 **D. MOORE PRESIDENT** **FEB 28, 2001**  
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 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	CEO MOORE, DAVID P O BOX1843 WINDERMERE FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, VIVENE P.O. BOX 1843 WINDERMERE FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **DAVID MOORE** **FEB 28, 01 (407) 428-9558**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (10/00)