

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90523 006 \*\*\*150.00

0608177

**DOCUMENT # P97000044877**

1. Entity Name

**AMERICAN SEALCOATING, INC.**

Principal Place of Business

Mailing Address

5840 CORPORATE WAY  
 SUITE 200  
 WEST PALM BEACH FL 33407  
 US

5840 CORPORATE WAY  
 SUITE 200  
 WEST PALM BEACH FL 33407  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0765653**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIS, JEFFREY L**  
**5840 CORPORATE WAY**  
**SUITE 200**  
**WEST PALM BEACH FL 33407**

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 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: PS  
 NAME: **WILLIS, JEFFREY L**  
 STREET ADDRESS: **1541 SE PITCHER ROAD**  
 CITY-ST-ZIP: **PORT ST LUCIE FL 34952**  
 Delete

TITLE: PS  
 NAME: **WILLIS, JEFFREY L**  
 STREET ADDRESS: **1194 SW LIVE OAK COVE**  
 CITY-ST-ZIP: **PORT ST LUCIE, FL 34986**  
 Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  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: *Jeffrey L Willis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEFFREY L WILLIS**

**3/9/01**

Date

**561-697-0333**

Daytime Phone #

CR2E034 (10/00)