

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057765

1. Entity Name

SOUTHERN COATINGS OF JACKSONVILLE, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90007 045 ***550.00

Principal Place of Business

Mailing Address

1625 JESSIE STREET
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

PO Box 2068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dothan, AL

Zip

Country

Zip

36302

Country

4. FEI Number

72-1380216

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

GRILLO, DAVID
1625 JESSIE STREET
JACKSONVILLE FL 32202

Name

Andy Stokes

Street Address (P.O. Box Number is Not Acceptable)

1625 Jessie Street

City

Jacksonville

FL

Zip Code
32202

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 *Andy Stokes*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/3/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME HARRIS, GEORGE C
STREET ADDRESS 110 EMERALD LAKE DRIVE
CITY-ST-ZIP DOTHAN AL 36303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STUCKEY, JAMES C JR
STREET ADDRESS 11 WOODMERE DRIVE
CITY-ST-ZIP DOTHAN AL 36305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Grillo President 8-18-00

CR2E034 (5/00)