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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073144

1. Entity Name

CONCRETE COATINGS OF HIGHLANDS COUNTY, INC.



Mailing Address Principal Place of Business S 26 3 1727 DINNER LAKE DRIVE 1727 DINNER LAKE DRIVE SEBRING FL 33870 SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0756914 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Guy O. Gersper JOHN HAILE, P.A. Street Address (P.O. Box Number is Not Acceptable) 1727 Dinner Lake Drive 119 US 27 SOUTH LAKE PLACID FL 33852 City Zip Code 33870 Sebring, Florida 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change TITLE ☐ Delete TITLE Addition Secretary GERSPER, PATRICIA A NAME NAME 1727 DINNER LAKE DRIVE STREET ADDRESS STREET ADDRESS SEBRING FL 33870 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE K Change ☐ Addition TITLE President GERSPER, GUY O NAME NAME STREET ADDRESS 1727 DINNER LAKE DRIVE STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition 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

12. 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 eport 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 regeiver or trust of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach field with any address, with all other like empowered.

SIGNATURE:

SIMATURE REQUIREGUY O. Gersper

4/25/03

(863) 382-7133

Daytime Phone #