## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 23, 2000 8:00 am Secretary of State DOCUMENT # **P97000103997** SEALCOAT ENTERPRISES, INC. 03-23-2000 90017 018 \*\*\*150.00 Mailing Address Principal Place of Business 1422 PARK BEACH CIRCLE 1422 PARK BEACH CIRCLE PUNTA GORDA FL 33950-5239 PUNTA GORDA FL 33950 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0799993 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENE, DAWN CERBONE Street Address (P.O. Box Number is Not Acceptable) 1422 PARK BEACH CIRCLE PUNTA GORDA FL 33950 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. **Ø**. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. SECRETARY TREASURER, UP TITLE Addition □ Delete TITLE CREENE, DAWN C 1422 PARK BLACH CINCIA DAWN C GREENE, DAWN C NAME NAME STREET ADDRESS STREET ADDRESS 1422 PARK BEACH CIRCLE CITY-ST-ZIP WOTA 44RDA F133950 CITY-ST-ZIP **PUNTA GORDA FL 33950** ☐ Addition Change Delete TITLE TITLE GREENE, ROSWELL JR NAME NAME 1422 PARK BEACH CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33950** CITY-ST-ZIP Change ☐ Addition Delete TITLE VOLLMER, CHRISTINE NAME NAME STREET ADDRESS 1422 PARK BEACH CIRCLE STREET ADDRESS **PUNTA GORDA FL 33950** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

GREENE, VP