2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 AM
Secretary of State

DOCUMENT# P98000001295

Entity Name: DARK STAR COATINGS INC.

Current Principal Place of Business:

219 MAGNOLIA AVENUE
SUITE E
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

219 MAGNOLIA AVENUE
SUITE F
DAYTONA BEACH, FL 32114 US

Current Mailing Address:

219 MAGNOLIA AVENUE
SUITE E
DAYTONA BEACH, FL 32114 US

New Mailing Address:

219 MAGNOLIA AVENUE
SUITE F
DAYTONA BEACH, FL 32114 US

FEI Number: 59-3493737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOMONACO, SALVATORE
6211 YOSEMITE DRIVE
PORT ORANGE, FL 32127

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ( ).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOMONACO, SALVATORE
Address: 6211 YOSEMITE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VP ( ) Delete
Name: CANFIELD, GLENN
Address: 219 MAGNOLIA AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete
Name: LOMONACO, SALVATORE
Address: 6211 YOSEMITE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: S ( ) Delete
Name: LOMONACO, SALVATORE
Address: 6211 YOSEMITE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE LOMONACO PRES 04/25/2002

Electronic Signature of Signing Officer or Director Date