

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047793

1. Entity Name

CROSSWAY COATINGS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90070 044 ***150.00

Principal Place of Business

522 PARKSIDE STREET
LEHIGH ACRES FL 33936

Mailing Address

P.O. Box 1059
522 PARKSIDE STREET
LEHIGH ACRES FL 33936-7028-
33970-1059

2. Principal Place of Business

225 OCEAN PARK

3. Mailing Address

P.O. BOX 1059

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES
FLORIDA

Zip

Country

33970

Country

USA



DO NOT WRITE IN THIS SPACE

↓ FAN 65-0846167

4. FEI Number

65-0846167

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

SUAREZ, TULIO G
6201 PRESIDENTIAL COURT S.W. SUITE 105
FORT MYERS FL 33919

Name

JEFFERY WESTRICK

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

225 OCEAN PARK DRIVE

USE P.O. BOX 1059

City

Lehigh Acres

FL

Zip Code

33972

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

JEFF WESTRICK - President

2/25/2000

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, 2000 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 P
NAME WESTRICK, JEFFREY
STREET ADDRESS 522 PARKSIDE 6ST
CITY-ST-ZIP LEHIGH ACRES FL 33936

☐ Delete

TITLE ST
NAME WESTRICK, KATHY
STREET ADDRESS 522 PARKSIDE 6ST
CITY-ST-ZIP LEHIGH ACRES FL 33936

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE P
NAME WESTRICK, JEFFREY
STREET ADDRESS P.O. BOX 1059
CITY-ST-ZIP Lehigh Acres, FL 33970

☒ Change ☐ Addition

TITLE ST
NAME WESTRICK, KATHY
STREET ADDRESS P.O. BOX 1059
CITY-ST-ZIP Lehigh Acres, FL 33970

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFERY WESTRICK

Date

2/25/2000

Daytime Phone #

941-728-5457

CR2E034 (9/99)