

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049851

1. Entity Name

SELECTIVE THERMAL COATINGS, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90024 011 ***550.00

Principal Place of Business

8001 EAST SHANNON COURT
INVERNESS FL 34450

Mailing Address

8001 EAST SHANNON COURT
INVERNESS FL 34450

2. Principal Place of Business

6415 N. Flower Terr

3. Mailing Address

P.O. Box 340

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hernando FL

City & State

Hernando FL

4. FEI Number

59-3527894

Applied For

Not Applicable

Zip

Country

34442

Zip

Country

34442

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

RUBIN, KARLA

8001 EAST SHANNON COURT
INVERNESS FL 34450

Name

John D. Green

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

6415 N Flower Terr.

City

Hernando

FL

Zip Code

34442

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

John D. Green

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

(NOTE: Registered Agent signature required when reinstating)

DATE

17th July 2000

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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	<input type="checkbox"/> Delete
NAME	GREEN, JOHN DUANE	
STREET ADDRESS	P.O. BOX 123	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, KARIA J	
STREET ADDRESS	8001 E SHANNON CT	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
John D. Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17, July 2000 (352) 220-0277

Date

Daytime Phone #

CR2E034 15/001