

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90008 034 \*\*\*150.00

**DOCUMENT # P98000060014**

1. Entity Name

**STACEY SPRAY COATINGS OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**10250 WINDER TRAIL  
 ORLANDO FL 32817**

**10250 WINDER TRAIL  
 ORLANDO FL 32765-5568**

2. Principal Place of Business

**1404 Sultan Circle**

3. Mailing Address

**1404 Sultan Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Chuluota, FL 32766**

City & State

**Chuluota, FL**

Zip

Country

**32766**

**U.S.**

Zip

Country

**32766**

**U.S.**

4. FEI Number

**59-3520988**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required.**

6. Name and Address of Current Registered Agent

**STACEY, KEITH A  
 10250 WINDER TRAIL  
 ORLANDO FL 32817**

7. Name and Address of New Registered Agent

Name **Keith A. Stacey**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1404 Sultan Circle**  
 City **Chuluota** **FL** Zip Code **32766**

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: *Keith A. Stacey* (NOTE: Registered Agent signature required when reinstating)

DATE

**2-1-00**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STACEY, KEITH A</b>	
STREET ADDRESS	<b>10250 WINDER TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STACEY, KATHRYN M</b>	
STREET ADDRESS	<b>10250 WINDER TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOWELL, DENNIS E</b>	
STREET ADDRESS	<b>10034 CY STREET</b>	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1404 Sultan Circle</b>	
STREET ADDRESS	<b>Chuluota, FL 32766</b>	
CITY-ST-ZIP	<b>Chuluota, FL 32766</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1404 Sultan Circle</b>	
STREET ADDRESS	<b>Chuluota, FL 32766</b>	
CITY-ST-ZIP	<b>Chuluota, FL 32766</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Keith A. Stacey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-00**

Date

**407-971-9838**

Daytime Phone #

CR2E034 (9/99)