## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000061771 May 22, 2000 8:00 am Secretary of State QUALITY COATINGS OF CENTRAL FLORIDA, INC. 05-22-2000 90133 010 \*\*\*150.00 Mailing Address Principal Place of Business 409 KIMBERLY COURT 409 KIMBERLY COURT SANFORD FL 32771 SANFORD FL 32771-6006 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3507778 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fée Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DELANY, DARRELL Street Address (P.O. Box Number is Not Acceptable) 409 KIMBERLY COURT SANFORD FL 32771 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE (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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE ☐ Delete DELANY, DARRELL NAME **409 KIMBERLY COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771 CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST. 7IP. ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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:

CITY-ST-ZIP

4-29-00 407/321-6094 Date Vayture Phone #