

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
 05-12-2000 90061 046 ***150.00

DOCUMENT # P98000091166

1. Entity Name
BEST COATINGS & SUPPLIES OF PSL, INC.

Principal Place of Business

Mailing Address

169 SW BAYSHORE BLVD
 SAINT LUCIE FL 34983

3048 N.W. 28TH TERR.
 BOCA RATON FL 33434-6030

2. Principal Place of Business

3. Mailing Address

17 PERRIWINKLE CRESCENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SEWALL'S POINT, FL

Zip

Country

Zip
34996-6676 Country
USA

4. FEI Number **65-0870672**

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

JOHANSEN, LESLIE M
3048 N.W. 28TH TERR.
BOCA RATON FL 33434-6030

Name

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

17 PERRIWINKLE CRESCENT

City

SEWALL'S POINT

FL

Zip Code

34996-6676

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.

LESLIE M. JOHANSEN

FEB. 26, 2000

DATE

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 **D** ☐ Delete
NAME **JOHANSEN, LESLIE M**
STREET ADDRESS **3048 N.W. 28TH TERR.**
CITY-ST-ZIP **BOCA RATON FL 33434-6030**

☒ Change ☐ Addition
TITLE
NAME **17 PERRIWINKLE CRESCENT**
STREET ADDRESS **SEWALL'S POINT, FL**
CITY-ST-ZIP **34996-6676**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition
TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 26, 2000 561-344-9990

Date

Daytime Phone #

CR2E034 (9/99)