

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90079 021 ***150.00

DOCUMENT # P98000094538

1. Entity Name
DEPENDABLE STEEL COATINGS, INC.

Principal Place of Business 24TH AVENUE, SOUTH TAMPA FL 33619	Mailing Address 5101 24TH AVENUE, SOUTH TAMPA FL 33619-5300 US
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2. Principal Place of Business 5101 24TH AVE SO.	3. Mailing Address SAME
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State TAMPA, FLA.	City & State SAME
Zip 33609	Country USA
Zip SAME	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3546014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SKORNSCHEK, THOMAS E
618 ASHCROFT DRIVE
BRANDON FL 33511

7. Name and Address of New Registered Agent
 Name: **NONE**
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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: *Thomas E. Skornschek* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D	<input type="checkbox"/> Delete
NAME SKORNSCHEK, THOMAS E	
STREET ADDRESS 618 ASHCROFT DRIVE	
CITY-ST-ZIP BRANDON FL 33511	
TITLE VP	<input type="checkbox"/> Delete
NAME SKORNSCHEK, MARY E	
STREET ADDRESS 618 ASHCROFT DR	
CITY-ST-ZIP BRANDON FL 33511	
TITLE T FEDORIKO	<input type="checkbox"/> Delete
NAME FEDORIKO, SCARLETT	
STREET ADDRESS 618 ASHCROFT DR	
CITY-ST-ZIP BRANDON FL 33511	
TITLE S	<input type="checkbox"/> Delete
NAME VAUGHN, SANDRA	
STREET ADDRESS 14021 CLUBHOUSE CIR APT 2105	
CITY-ST-ZIP TAMPA FL 33624	
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 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	
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: *Thomas E. Skornschek* DATE: 4-19-00 DAYTIME PHONE #: 813 248-6121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.F. 11 034 (9/99)