2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P98000095700

CORROSION CONTROL TECHNOLOGIES INC.



Apr 07, 2003 8:00 am \$ \$ Secretary of State \$ \$ 04-07-2003 91050 020 **** **FILED**

04-07-2003 91050 038 ***150.00

Principal Plac 8338 E. GULF INDIAN ROCK	BLVD.		Mailing Address 833B E. GULF BLVD. INDIAN ROCKS BEACH FL 33785										
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State			4.	4. FEI Number 59-3545123			opplied For lot Applicable		
Zip	Country				Coun	Country		Certificate of Status Desired		\$8.75 Ac Fee Requir		7	
6. Name and Address of Current				Registered Agent			. 7. Name and Address of New Registered Agent						
							Name						
RECTOR, LOUIS J 833B E. GULF BLVD.						Street A	Address (P.O. Box Number is Not Acceptable)						
												-	
INDIAN R	OCK2 REA	CH FL 33785										1	
						City		<u> </u>	FL	Zip Co	de	1	
	named entit		or the purp	oose of changing its	register	ed office or	registered ag	ent, or both, in the State of Florid		familiar with	, and accept	1	
SIGNATURE.							· · ·		,				
	Signature, typed	or printed name of registered agent	and title if ap	plicable. (NOTE	: Registere	d Agent signatu	are required when re	einstating)	DATE				
After	May 1, 200	PEE IS \$150.00 3 Fee will be \$550.00 5 Florida Department o		State			9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fo			00 May Be ed to Fees			
10.		OFFICERS AND)DQ '	11.	-	ΔΓ	I DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	3S IN 11	-	
	P	OFFICENS AND	DIRECTO					·	CI IO MIN	Change	☐ Addition	7 6	
TITLE	RECTOR,	LOUIS		☐ Delete	TITLE						Addition	0	
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12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachi

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

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☐ Delete

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