

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90125 028 ***550.00

0106311 AV

DOCUMENT # P98000097972

1. Entity Name
POWDER COATINGS UNLIMITED, INCORPORATED



Principal Place of Business
4375 PROGRESS AVE., #403-410
NAPLES FL 34104

Mailing Address
4375 PROGRESS AVE., #403-410
NAPLES FL 34104

2. Principal Place of Business
3960 DOMESTIC AVE.,

3. Mailing Address
SAME

Suite, Apt. #, etc.
#A

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State

4. FEI Number **59-3559004**

Applied For
Not Applicable

Zip **34104** **Country** **COLLIER**

Zip **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOLEY, NICOLE
222 INDUSTRIAL BLVD STE 138
NAPLES FL 34104

Edwin H. KOERT
201 BEDFORD TRAIL #121F

SUN CITY CENTER FL 33573

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edwin H. Koert* **Edwin H. KOERT** **8/7/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURLUKIS, TODD 185 SANTA CLARA DR. NAPLES FL 34104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOERT, ROBERT W 5980 10TH AVE., N.W. NAPLES FL 34119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOERT, LEE ANN 5980 10TH AVE., N.W. NAPLES FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRES., SEC., & TREASURER KOERT, ROBERT W 5980 10TH AVE., N.W. NAPLES, FL 34119	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DIRECTOR KOERT, EDWIN H. 201 BEDFORD TRAIL #121F SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or 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 attachment with an address, with all other like empowered.

SIGNATURE: *Edwin H. Koert* **SIGNATURE REQUIRED**

8/7/03 **239 643-7797**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)