

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106083

1. Entity Name

GULF COAST POWDER COATING, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90094 044 ***150.00

Principal Place of Business

Mailing Address

753 LOVEJOY ROAD
FT WALTON BEACH FL 32548

753 LOVEJOY ROAD
FT WALTON BEACH FL 32548-3842

2. Principal Place of Business

3. Mailing Address

753 Lovejoy Rd.
Suite, Apt. #, etc.

753 Lovejoy Rd.
Suite, Apt. #, etc.

City & State

City & State

Fort Walton Beach FL

Fort Walton Beach

Zip

Country

Zip

Country

32548

Okaloosa

32548

Okaloosa

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMER, RAYMOND B
913 GULF BREEZE PARKWAY STE 41
GULF BREEZE FL 32561

Name

Gulf Coast Powder Coating
Street Address (P.O. Box Number is Not Acceptable)
753 Lovejoy Rd.

City

Fort Walton Beach

FL

Zip Code

32548

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

John CAITO

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

(NOTE: Registered Agent signature required when reinstating)

5/1/00

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 PD
NAME CAITO, JOHN
STREET ADDRESS 753 LOVEJOY ROAD
CITY-ST-ZIP FT WALTON BEACH FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME MORLAN, KRISTIN
STREET ADDRESS 753 LOVEJOY ROAD
CITY-ST-ZIP FT WALTON BEACH FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME KEEGAN, NANCY
STREET ADDRESS 753 LOVEJOY ROAD
CITY-ST-ZIP FT WALTON BEACH FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KEEGAN, WILLIAM K
STREET ADDRESS 753 LOVEJOY ROAD
CITY-ST-ZIP FT WALTON BEACH FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MORLAN, KRISTIN
STREET ADDRESS 753 LOVEJOY ROAD
CITY-ST-ZIP FT WALTON BEACH FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

John CAITO

John CAITO

5/1/00 850 244-6602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)