

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106083

1. Entity Name
GULF COAST POWDER COATING, INC.

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90011 007 ***550.00

Principal Place of Business
753 LOVEJOY ROAD
FT WALTON BEACH FL 32548

Mailing Address
753 LOVEJOY ROAD
FT WALTON BEACH FL 32548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
753 Lovejoy Rd.
Suite, Apt. #, etc.

3. Mailing Address
753 Lovejoy Rd.
Suite, Apt. #, etc.

City & State
Fort Walton Beach, FL
Zip
32436
Country
O. Calumet

4. FEI Number 59-3550587
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
Name
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 John Caito

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAITO, JOHN 753 LOVEJOY ROAD FT WALTON BEACH FL 32548 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORLAN, KRISTIN 753 LOVEJOY ROAD FT WALTON BEACH FL 32548 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KEEGAN, NANCY 753 LOVEJOY ROAD FT WALTON BEACH FL 32548 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEGAN, WILLIAM K 753 LOVEJOY ROAD FT WALTON BEACH FL 32548 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORLAN, KRISTIN 753 LOVEJOY ROAD FT WALTON BEACH FL 32548 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/01

8502446602

Daytime Phone #

CR2E034 (5/01)