

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025391

1. Entity Name

ELTEKON PAINTING & WATERPROOFING INC.

Principal Place of Business

1722 NW 93RD TERR
CORAL SPRINGS FL 33071

Mailing Address

PO BOX 5653
LIGHTHOUSE POINT FL 33074
US

2. Principal Place of Business

505 S. PINE ISLAND RD

3. Mailing Address

6919 W. BROWARD BLVD

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

132

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33324

Country

BROWARD

Zip

33318

Country

BROWARD

6. Name and Address of Current Registered Agent

COPPIN, NORMA
1722 NW 93RD TERR
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

EMILIO C. COPPIN

Street Address (P.O. Box Number is Not Acceptable)

505 S. PINE ISLAND RD.

301

City

PLANTATION,

FL

Zip Code

33324

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

Emilio Coppin

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	COPPIN, EMILIO C	
STREET ADDRESS	1722 NW 93RD TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COPPIN, NORMA	
STREET ADDRESS	1722 NW 93RD TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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:

Emilio Coppin

EMILIO COPPIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

954 643-9752

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90208 036 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)