2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P99000041147 May 23, 2000 8:00 am Secretary of State ATLANTIC INDUSTRIAL COATINGS, INC. 05-23-2000 90253 046 ***150.00 Principal Place of Business Mailing Address 1444 GOLF AVE. 1444 GOLF AVE. ORMOND BEACH FL 32174-7296 ORMOND BEACH FL 32174 3. Mailing Address 2. Principal Place of Business Sixth Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State 59-3574151 Not Applicable tolly \$8.75 Additional 5. Certificate of Status Desired 54 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCOTT, ROBERT H JR. Street Address (P.O. Box Number is Not Acceptable) 152 WEST GRANADA BLVD. ORMOND BEACH FL 32174 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Coursey, LEONARD V, & Change , Addition ☐ Delete TITLE TITLE 405 SIXTL St. Holly Hill, FL 32/17 Kunner, Helmut A 180h COURTNEY, LEONARD V NAME STREET ADDRESS STREET ADDRESS 1444 GOLF AVE. CITY-ST-ZIP CITY-ST-ZIP **ORMOND BEACH FL 32174** ☐ Delete TITLE KUMMER, HELMUT A NAME NAME STREET ADDRESS 1444 GOLF AVE. STREET ADDRESS Hully Hill, FL - 3-2117 CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 -☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change : Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ' Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Ecnard V Country