## **2003 FOR PROFIT CORPORATION**

## **FILED** Mar 24, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P99000053070 DOCUMENT # 1. Entity Name 03-24-2003 90185 037 \*\*\*150.00 COATINGS FOR INDUSTRY, INC. Principal Place of Business Mailing Address 5860 MIDNIGHT PASS RD 5860 MIDNIGHT PASS RD **UNIT #38 UNIT #38** SARASOTA FL 34242 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0932046 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ASTRONSICAS, CATHERINE L ddress (P.Q. Box Number is Not Acceptable) 5900 S TAMIAMI TRAIL SUITE I SARASOTA FL 34231 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition SONGINI, ROBERT A NAME NAME STREET ADDRESS 5860 MIDNIGHT PASS RD STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE . \_\_\_Change - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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 of the corporation or the receiver or trustee empowered to exechanged, or on an attachment with an address, with all other life

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #

☐ Change

☐ Addition