

# 2000 UNIFORM BUSINESS REPORT (UBR)

7

DOCUMENT # P99000055521

1. Entity Name

CERAMIC COATINGS TECHNOLOGIES, INC.

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90009 001 \*\*\*550.00

Principal Place of Business

Mailing Address

485 SW PORT WAY  
PALM CITY FL 34990

485 SW PORT WAY  
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

105-0931978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRINZ, BETH TEARDO  
1100 S. FEDERAL HWY.  
STUART FL 34994

Name

RICHARD J. DUNGEY

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

1100 SO. FEDERAL HIGHWAY

City

STUART

FL

Zip Code  
34994

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 fee 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 \$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

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARSALL, THOMAS J.	
STREET ADDRESS	4306 CARGO WAY	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, SUSAN	
STREET ADDRESS	2275 SWALLOW HILL ROAD, BLDG 2500	
CITY-ST-ZIP	PITTSBURGH, PA 15220	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, FRED E.	
STREET ADDRESS	2275 SWALLOW HILL ROAD, BLDG 2500	
CITY-ST-ZIP	PITTSBURGH, PA 15220	
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 the empowered.

SIGNATURE:

*Susan Taylor* SUSAN TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-2000

Date

Daytime Phone #

FILED