2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900062276 1. Entity Name URECOATS TECHNOLOGIES, INC. Principal Place of Business Mailing Address

							04-26-2000	90213 001 *	**150	0.00	
Principal Plac	e of Busines	s	Mailing Address		,						
MOO NORTH POWERLINE ROAD SUITE D-3 POMPANO BEACH FL 33073			4100 NORTH POWERLINE ROAD SUITE D-3 POMPANO BEACH FL 33073-3038								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
			City 9 State				EE(March and		- IAni	olied For	
City & State			City & State			4.	FEI Number 65-0938389			Applicable	
Zip Country		Country	Zip Coun		try	5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name	and Address of Current F	l Registered Agent			7.	Name and Address of New Re	gistered Agent			
					Name		•				
ADAMS, MICHAEL T % URECOATS INDUSTRIES INC.					Street Address (P.O. Box Number is Not Acceptable)						
4100 N POWERLINE RD, SUITE F-1											
POMPANO BEACH FL 33073					City	FL Zip Code					
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or	registered a	gent, or both, in the State of Flor	ida.			
SIGNATURE ,	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signati	ire 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 \$1: After MAY 1, 2000 Fee will be Make Check Payable to Departn			50.00					
11.		OFFICERS AND I	DIRECTORS	12.		Д	DDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV Delete ADAMS, MICHAEL T 4100 NORTH POWERLINE ROAD SUITE D-3 POMPANO BEACH FL 33073					S Adams 4100 Pompai	S Change Addit Adams, Michael T. 4100 North Power line Rd Swife F-1. Poinpano Beach FL 33073				
TITLE	PV	<u> </u>	☐ Delete	TITL	E	P		⊠ 0	hange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	RAJALINGAM, PONSWAMY \$\frac{3}{4,100}, \text{NORTH POWERLINE ROAD SUITE D-3} POMPANO BEACH FL 33073				E ET ADDRESS -ST-ZIP	Rojet	Rajalingam, Pous woney 4100 NoBwerline Red Suite 1-3 Pompono Beach FL 33673				
TITLE NAME	V Rajaling	BAM, UMA	☐ Delete	TITLI	E	1011111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		hange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	4100 NORTH POWERLINE ROAD SUITE D-3 POMPANO BEACH FL 33073				ET ADDRESS -ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEMON: 4100 NOI	S, LARRY T RTH POWERLINE ROAD D BEACH FL 33073	☐ Delete			T Clamos 4100 .	as, harry T. No#Powarlne Rd Su ruo Beach FL 3		hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FOMFAIN	O DINOTTI SOUTO	☐ Delete			, ange	WHEEL TO T	□ C	hange	☐ Addition	
TITLE NAME			☐ Delete	TITLI				c	hange	☐ 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

Michael T Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SEFFICER OR DIRECTOR

4/20/00

954-977-5428

Daytime Phone #

FILED

Apr 26, 2000 8:00 am Secretary of State

CH2E034 (9/99)