

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063809

1. Entity Name

PREMIUM BLAST & SPECIAL COATING, INC.

FILED

Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90019 006 ***150.00

Principal Place of Business

11407 GLENMONT DR.
TAMPA FL 33635

Mailing Address

11407 GLENMONT DR.
TAMPA FL 33635-1527

2. Principal Place of Business

202 SOUTH 22ND ST.

3. Mailing Address

202 SOUTH 22ND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 213

SUITE 213

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33605

Country

U.S.A.

Zip

33605

Country

U.S.A.

4. FEI Number

59-3587070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHLEGEL, GRANT
16256 COMPTON HEIGHTS PL.
TAMPA FL 34647

7. Name and Address of New Registered Agent

Name SCHLEGEL, GRANT
Street Address (P.O. Box Number is Not Acceptable)
16256 COMPTON HEIGHTS PL.
City TAMPA FL Zip Code 33647

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)

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 PD
NAME OROSZ, FRED A
STREET ADDRESS 11407 GLENMONT DR.
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

TITLE TS
NAME SCHLEGEL, GRANT
STREET ADDRESS 11407 GLENMONT DR.
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

SCHLEGEL, GRANT

1-27-00

(813) 247-2931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #