

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063809

1. Entity Name

PREMIUM BLAST & SPECIAL COATING, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90313 009 ***150.00

Principal Place of Business

Mailing Address

~~202 SOUTH 22ND ST~~ 11407 Glenmont DR ~~202 SOUTH 22ND ST~~ 11407 Glenmont DR
~~STE 213~~ ~~TAMPA FL 33605~~ TAMPA, FL 33635 ~~STE 213~~ TAMPA, FL 33605
US ~~US~~ US

2. Principal Place of Business

3. Mailing Address

11407 Glenmont DR 11407 Glenmont DR
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

Tampa, RI Tampa, RI
33635 US 33635 US

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

7. Name and Address of New Registered Agent

SCHLEHEL, GRANT
16256 COMPTON HEIGHTS PL.
TAMPA FL 34647

Name

Fred A. Orosz Jr

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

11407 Glenmont DR

City

Tampa

FL

33635

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)

President

3/19/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ~~TS~~ ☒ Delete
NAME ~~SCHLEHEL, GRANT~~
STREET ADDRESS ~~11407 GLENMONT DR.~~
CITY-ST-ZIP ~~TAMPA FL 33635~~

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

TITLE Estela Orosz ☐ Delete
NAME Title: Bookkeeper
STREET ADDRESS 11407 Glenmont DR
CITY-ST-ZIP Tampa, RI 33635

TITLE Bookkeeper ☐ Change ☒ Addition
NAME Estela Orosz
STREET ADDRESS 11407 Glenmont DR
CITY-ST-ZIP Tampa, RI 33635

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/01

813-854-3172

CR2E034 (10/00)