2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90146 003 ***150.00

DOCUMENT # P99000066708

1. Entity Name
ACCURATE POWDER COATING INC.

Principal Place of Business	Mailing Address
4005 CAPRON ROAD TITUSVILLE FL 32780	1685 ASHWOOD AVENUE TITUSVILLE FL 32796

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1417 Chaffee Drive	
Suite, Apt. #, etc Suite 10	Suite, Apt. #, etc.
City & State Titusville	City & State
Zip 32780 Country US	Zip Country

4. FEI Number 59-3647627 ☐ 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
VENUTI, LOUIS 131 B HARRISON STEET TITUSVILLE FL 32780	Name Angela L. Banks Street Address (P.O. Box Number is Not Acceptable) 1685 Ashwood Ave. City Titusville FL Zip Code 32796

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 Angela Lynn Banks, V.P. April 23, 2002
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P BANKS, ANTHONY G 1685 ASHWOOD AVE TITUSVILLE FL 32796 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BANKS, ANGELA L 1685 ASHWOOD AVE TITUSVILLE FL 32796 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Angela Lynn Banks April 23, 2002 321-268-3887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #