

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071409

1. Entity Name

CHARLIE'S SEALCOATING & STRIPING, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90145 035 ***150.00

Principal Place of Business

201 N.W. 20TH AVE.
FT. LAUDERDALE FL 33311

Mailing Address

201 N.W. 20TH AVE.
FT. LAUDERDALE FL 33311-8723

2. Principal Place of Business

201 NW 20TH AVE.

3. Mailing Address

201 NW 20TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FLORIDA

City & State

FT. LAUDERDALE FLORIDA

4. FEI Number

65-0937858

Applied For

Not Applicable

Zip

33311

Country

BROWARD

Zip

33311

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIONA, PHILIP SR.
8225 SUNRISE LAKES BLVD., BLDG. 38, APT. 311
SUNRISE FL 33322

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 FRIONA, PHILIP SR.
STREET ADDRESS 8225 SUNRISE LAKES BLVD., BLDG. 38, APT. 311
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Philip Friona / PHILIP FRIONA

4-8-00

(954) 522-5680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #