FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am P99000071409 DOCUMENT # **Secretary of State** 1. Entity Name 02-21-2002 90046 020 ***150.00 CHARLIE'S SEALCOATING & STRIPING, INC. Principal Place of Business Mailing Address 201 N.W. 20TH AVE. 201 N.W. 20TH AVE. FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0937858 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRIONA, PHILIP SR. 0. Box Number is Not Acceptable) 8225 SUNRISE LAKES BLVD., BLDG.38, APT.311 SUNRISE FL 33322 Zi<u>p</u> Code <u> 533/</u> 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 FRIONA FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE TITLE ☐ Addition Delete NAME FRIONA, PHILIP SR. NAME STREET ADDRESS 8225 SUNRISE LAKES BLVD., BLDG.38, APT.311 STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33322 CITY-ST-ZIP **VPD** ☐ Addition TITLE Delete TITLE NAME NAME RUPERTI, SHERRY STREET ADDRESS STREET ADDRESS 201 NW 20 AVE CITY-ST-ZIP FORT LAUDERDALE FL 33311 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: