## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P99000088201 INDUSTRIAL COASTING TECHNOLOGIES, INC. 04-16-2001 90061 001 \*\*\*150.00 Principal Place of Business Mailing Address 7282 55TH AVENUE EAST PMB 190 7282 55TH AVENUE EAST PMB 190 BRADENTON FL 34203 BRADENTON FL 34203 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 65-0952846 Not Applicable Country 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 Name DESJARLAIS, MARY LYNN Street Address (P.O. Box Number is Not Acceptable) 7029 N. TAMIAMI TRAIL SUITE A SARASOTA FL 34231 Zip Code City 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 ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) TITLE TITLE ☐ Change □ Addition ☐ Delete MARCUS, MICHAEL NAME NAME 7282 55TH AVE. E PMB 190 STREET ADDRESS STREET ADORESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP Change Addition TITLE Delete TITLE . NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐-Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY:ST-ZIP CITY-51-24 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this Illing 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. 3/20 Beef