

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90300 046 ***150.00

DOCUMENT # P99000088442

1. Entity Name
CORROSION CONTROL CONSULTANTS & INSPECTION, INC.



Principal Place of Business
1035 SW AUERLIA AVENUE
PORT SAINT LUCIE FL 34953

Mailing Address
1035 SW AUERLIA AVENUE
PORT SAINT LUCIE FL 34953

2. Principal Place of Business
1035 SW Aurelia Ave
Suite, Apt. #, etc.

3. Mailing Address
1035 S.W. Aurelia Ave
Suite, Apt. #, etc.

City & State
Port St Lucie, FL
Zip
34953
Country
US

City & State
Port St. Lucie, FL
Zip
34953
Country
US

4. FEI Number **65-0952522**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STONE, RAYMOND C
1035 SW AURELIA AVENUE
PORT SAINT LUCIE FL 34953

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **TINKLENBERG, GARY L**
STREET ADDRESS **3639 OAK MEADOW LANE**
CITY-ST-ZIP **LOWELL MI 49331**

TITLE **P** ☐ Delete
NAME **STONE, RAYMOND C**
STREET ADDRESS **1690 S.E. GREEN ACRES CIRCLE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **V** ☐ Delete
NAME **SMITH, LLOYD M**
STREET ADDRESS **1690 S.E. GREEN ACRES CIRCLE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **S** ☐ Delete
NAME **STONE, JUDITH M**
STREET ADDRESS **1035 SW AURELIA AVENUE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond C. Stone, President* **3/29/03** **772-380-2303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)