2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 13 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000114 AV

DOCUMENT # P02000059941

1. Entity Name
NEW IMAGE PLASTERING & STUCCO, CO.

Principal Place of Business	Mailing Address
6726 W CLIFTON ST TAMPA FL 33634	6726 W CLIFTON ST TAMPA FL 33634

REINSTATEMENT 03

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1020 E. 25th Ave	1020 E. 25th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Fl	City & State: Tampa, Fl
Zip: 33605 Country:	Zip: 33605 Country:

4. FEI Number 810554551 ☐ 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
ESCRIBANO, ANTHONY 6726 W CLIFTON ST TAMPA FL 33634	Name: Escribano, Anthony Street Address (P.O. Box Number is Not Acceptable): 1020 E. 25th Ave City: Tampa FL Zip Code: 33605

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: Anthony Escribano (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 9-8-03

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCRIBANO, ANTHONY 6726 W CLIFTON ST TAMPA FL 33634 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Escribano Anthony 1020 E 25th Ave Tampa, Fl 33605 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCRIBANO, WILLIAM 1005 25TH AVE TAMPA FL 33605 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500002375744 5 10/13/03--01080--017 **550.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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: Anthony Escribano (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 9-8-03 Daytime Phone #: (813)223-7124

21 10/15