

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90819 006 \*\*\*150.00

**DOCUMENT # P93000064538**



1. Entity Name  
**A-PLUS WATERPROOFING, INC.**

Principal Place of Business  
**2123 FLAGLER AVENUE  
KEY WEST FL 33040**

Mailing Address  
**1107 KEY PLAZA  
PMB 317  
KEY WEST FL 33040-4077  
US**

**11000343**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0437440**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**FARRELLY, GREGORY  
C/O CATALFOMO & FARRELLY  
506 LOUISA STREET  
KEY WEST FL 33040**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>STVD</b>	<input type="checkbox"/> Delete
NAME	<b>SCARDINA, VINCENT A</b>	
STREET ADDRESS	<b>2123 FLAGLER AVENUE</b>	
CITY-ST-ZIP	<b>KEY WEST FL</b>	
TITLE	<b>PDVD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, RICK E</b>	
STREET ADDRESS	<b>1703 SOUTH STREET</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Vincent A. Scardina Date: 1-10-03 Daytime Phone #: (305) 296-258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)