2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 am Secretary of State DOCUMENT # P95000044839 OLD WORLD PLASTERING, INC. 02-08-2000 90134 017 ***150.00 Principal Place of Business Mailing Address 40715 BRIDLE PATH LANE 40715 BRIDLE PATH LANE LEESBURG FL 34788 LEESBURG FL 34788-8343 NUU11634 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3322414 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 BRANDT, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 40715 BRIDLE PATH LANE LEESBURG FL 34788 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. PD ☐ Change Addition TITLE ☐ Delete TITLE BRANDT, CHRISTINE NAME NAME 40715 BRIDLE PATH LANE STREET ADDRESS STREET ADDRESS LEESBURG FL 34788 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE BRANDT, DEAN NAME NAME **40715 BRIDLE PATH LANE** STREET ADDRESS STREET ADDRESS LEESBURG FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change - - ☐ Addition TITLE ☐ Delete TITLE MARSHALL, JASON NAME NAME 40715 BRIDLE PATH LANE STREET ADDRESS STREET ADDRESS LEESBURG FL 34788 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE DINSMORE, TODD NAME NAME **801 WASHINGTON AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32726 CITY-ST-7IP Addition ☐ Delete ☐ Change TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR