

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90214 033 ***150.00

04/16/03 AV

DOCUMENT # P95000044839

1. Entity Name
OLD WORLD PLASTERING, INC.



Principal Place of Business
**40715 BRIDLE PATH LANE
LEESBURG FL 34788**

Mailing Address
**40715 BRIDLE PATH LANE
LEESBURG FL 34788**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3322414**

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

**BRANDT, CHRISTINE
40715 BRIDLE PATH LANE
LEESBURG FL 34788**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/03

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRANDT, CHRISTINE 40715 BRIDLE PATH LANE LEESBURG FL 34788	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRANDT, DEAN 40715 BRIDLE PATH LANE LEESBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSHALL, JASON 40715 BRIDLE PATH LANE LEESBURG FL 34788	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, ERNEST 40715 BRIDLE PATH LANE LEESBURG FL 34788	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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: *Christine Brandt* **SIGNATURE REQUIRED** *Christine Brandt* **4/14/03** **669-5476** **(352)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)