

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055751

1. Entity Name

PRESTIGE PLASTERING, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90032 006 ***150.00

Principal Place of Business

Mailing Address

3570 MONUMENT DRIVE
DELTONA FL 32738

P O BOX 390212
DELTONA FL 32739-0212
US

2. Principal Place of Business

3. Mailing Address

726 CENTRAL PARK BLVD
Suite, Apt. #, etc.

726 CENTRAL PARK BLVD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PORT ORANGE FL

City & State
PORT ORANGE FL

4. FEI Number 59-3455446

Applied For
Not Applicable

Zip Country
32127 USA

Zip Country
32127 USA

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

BOWEN, BRAD
3570 MONUMENT DRIVE
DELTONA FL 32738

Name DARRELL BOWEN
Street Address (P.O. Box Number is Not Acceptable)
726 CENTRAL PARK BLVD
City PORT ORANGE FL Zip Code 32127

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.

SIGNATURE * [Signature] DARRELL BOWEN, PRESIDENT 4/14/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST BOWEN, BRAD 3570 MONUMENT DRIVE DELTONA FL 32738	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOWEN, DARRELL 3570 MONUMENT DR DELTONA FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: * [Signature] PRESIDENT DARRELL BOWEN 4/14/00 904-756-259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)