


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90209 049 \*\*\*150.00

**DOCUMENT # P98000082960**

1. Entity Name  
**J & E PLASTERING, INC.**



Principal Place of Business  
**3190 SOUTH STATE ROAD NO. 7  
MIRAMAR FL 33023**

Mailing Address  
**3190 SOUTH STATE ROAD NO. 7  
MIRAMAR FL 33023**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0867105**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FORD, MICHAEL W**  
**2601 SOUTH BAYSHORE DRIVE**  
**SUITE 1600**  
**MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name  
**Angelia Taylor**

Street Address (P.O. Box Number is Not Acceptable)  
**3190 S. State Road 7 #A5**

City **Miramamar** State **FL** Zip Code **33023**

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 *Angelia Taylor* (NOTE: Registered Agent signature required when reinstating) DATE

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>JOHNSON, ETHEL</b> <b>3190 S STATE RD 7 #A5</b> <b>MIRAMAR FL 33023</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>TAYLOR, ANGELIA</b> <b>3190 S STATE ROAD NO. 7 #A5</b> <b>MIRAMAR FL 33023</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/DT</b> <b>Angelia Taylor</b> <b>3190 S. state Road 7 No. A5</b> <b>Miramamar FL 33023</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Angelia Taylor* (Signature and typed name of signing officer or director)

Date: **3-19-03**

Daytime Phone #: **9548930007**

CR2E034 (10/02)