

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90113 032 ***158.75

DOCUMENT # P98000107144

1. Entity Name

TERRANCE VITALIS STUCCO INC.

Principal Place of Business

Mailing Address

CENTRAL ORLANDO
 ORLANDO FL 32805
 US

28 SOUTH ORTMAN DRIVE. #A
 ORLANDO FL 32805-1955
 US

2. Principal Place of Business

Central Orlando

3. Mailing Address

28 South ORTMAN DR #A

Suite, Apt. #, etc.

APT 28 #A

Suite, Apt. #, etc.

28 #A

City & State

Orlando FL

City & State

4. FEI Number

59-3557209

Applied For

Not Applicable

Zip

Country

32805

ORLANDO

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VITALIS, TERRANCE
 28 SOUTH ORTMAN DRIVE, #A
 ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name

TERRANCE VITALIS

Street Address (P.O. Box Number is Not Acceptable)

28 South ORTMAN DR

City

ORLANDO

FL

Zip Code

32805

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	VITALIS, TERRANCE	28 SOUTH ORTMAN DRIVE, #A	ORLANDO FL 32805	<input type="checkbox"/>
D	MATTHEW, DENNIE	3205 ORANGE CENTER BLVD.	ORLANDO FL 32805	<input checked="" type="checkbox"/>
D	CHARLEMAGNE, GREGORY	3205 ORANGE CENTER BLVD.	ORLANDO FL 32805	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	TERRANCE VITALIS	STUCCO INC	28 SOUTH ORTMAN DR APT A	<input type="checkbox"/>	<input type="checkbox"/>
	TERRANCE VITALIS		ORLANDO FL 32805	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)