

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 9800107144 **A MENDED**

1. Entity Name

TERRANCE VITALIS STUCCO INC.

Principal Place of Business Mailing Address SAME
28 SOUTH ORTMAN DRIVE, #A
ORLANDO, FL 32805

FILED
00 MAY 23 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3357209** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TERRANCE VITALIS
28 SOUTH ORTMAN DR., A
ORLANDO, FL 32805

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------------|--|
| TITLE | D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROVITO CROSS | |
| STREET ADDRESS | 4448 MALIBU | Orlando FL |
| CITY-ST-ZIP | 32805 | |
| TITLE | D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gregory Dulaire | |
| STREET ADDRESS | 38 SOUTH ORTMAN DR. APT E # | Orlando FL 32805 |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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: TERRANCE VITALIS **5/2/00** (407) 293-5204
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

SP