2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 19, 2003 8:00 am Secretary of State P99000089550 **DOCUMENT #** 03-19-2003 90129 040 ***150.00 1. Entity Name ELITE STUCCO, INC. Principal Place of Business Mailing Address 3480 WILLIAMS AVE. 3480 WILLIAMS AVE. MALABAR FL 32950 MALABAR FL 32950 2. Principal Place of Business 1361 Blanc 3. Mailing Address 36 1 Blanc Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For Malabar FI 59-3603348 Nalabar Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32950 USP USF Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TYLER, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 3480 WILLIAMS AVE MALABAR FL 32950 labar 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. ed agent and title if applicable. FILE-NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Psyable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 T50 F DPST. ☐ Delete TITLE CR2E034 (10/02) Change ☐ Addition NAME TYLER, ROBERT E NAME STREET ADDRESS 3480 WILLIAMS AVE STREET ADDRESS ie St CITY_ST_76 MALABAR FL 32950 CITY-ST-ZIP TITLE ☐ Delete nn e ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DDF Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta mle ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in

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