

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 478544

1. Entity Name

A & G PLASTERING, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90078 024 ***150.00

Principal Place of Business

8801 N.W. 72 ST.
PARKLAND FL 33067
BR

Mailing Address

8801 N.W. 72 ST.
PARKLAND FL 33334-3951
BR

2. Principal Place of Business

4656 N.E. 11 AVE.

Suite, Apt. #, etc.

3. Mailing Address

4656 N.E. 11 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUD. FL.

City & State

FT. LAUD. FL.

4. FEI Number

59-1602815

Applied For

Not Applicable

Zip

33334

Country

U.S.

Zip

33334

Country

U.S.

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

FERNANDES, LEONORA S.
3461 NW 47TH AVE.
COCONUT CREEK FL 33063

Name

RICHARD T. GUINN

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

4656 N.E. 11 AVE.

City

FT. LAUD.

FL

Zip Code

33334

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

Richard T. Guinn

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

(NOTE: Registered Agent signature required when reinstating)

1-4-2000

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	STD	<input checked="" type="checkbox"/> Delete
NAME	GUINN, AGNES C	
STREET ADDRESS	6550 NW 84TH AVENUE	
CITY-ST-ZIP	PARKLAND, FL 00000	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GUINN, RICHARD T	
STREET ADDRESS	6550 NW 84TH AVENUE	
CITY-ST-ZIP	PARKLAND, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD T. GUINN	
STREET ADDRESS	4656 N.E. 11 AVE	
CITY-ST-ZIP	FT. LAUD. FL. 33334	
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		
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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:

Richard T. Guinn Pres RICHARD T. GUINN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000

Date

954-711-0388

Daytime Phone #

CR2E034 (9/99)