

2004 AR FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

04 JUL 12 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000097013

1. Entity Name

A 1000 Plastering, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2760 Foxhall DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MRS

City & State

West Palm Beach, FL

City & State

4. FEI Number

30-0132630

Applied For

Not Applicable

Zip

33417

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Elvir, Elvin E.

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

2760 Foxhall Drive

City

West Palm Beach

FL

Zip Code

33417

DO NOT WRITE
IN THIS SPACE

8. This statement is submitted 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PD
NAME	Elvir, Elvin
STREET ADDRESS	2760 Foxhall DR.
CITY-ST-ZIP	West Palm Beach, FL 33417
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
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CITY-ST-ZIP	

600039535896
07/26/04-01067-024 **150.00
DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

Date

Telephone Number

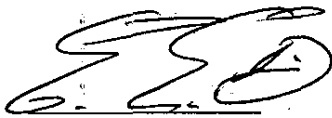
CR2E034B (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **A 1000 PLASTERING, INC.**

Thank you for your courtesy in this matter.

A handwritten signature in black ink, appearing to read 'ELVIN ELVIR', with a stylized flourish at the end.

ELVIN ELVIR
PRESIDENT