

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*

DOCUMENT # 646231

1. Entity Name

Walter McCall Plastering Inc.



**FILED**

03 AUG 14 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4219 Centurian Cir.

Suite, Apt. #, etc.

3. Mailing Address

4219 Centurian Cir.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Greenacres City, Fla.

City & State

Greenacres City, Fla.

4. FEI Number

59-2096914

Applied For

Not Applicable

Zip

33463

Country

P.R.

Zip

33463

Country

P.R.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Walter McCall

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

4219 Centurian Cir.

City

Greenacres

FL

Zip Code

33463

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

*Walter McCall*

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

Walter McCall PD

(NOTE: Registered Agent signature required when reinstating)

8-5-03

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	TD
NAME	McCall, Lori
STREET ADDRESS	4219 Centurian Cir.
CITY - ST - ZIP	Greenacres, Fla.
TITLE	PD
NAME	McCall, Walter
STREET ADDRESS	4219 Centurian Cir.
CITY - ST - ZIP	Greenacres, Fla.
TITLE	SD
NAME	McCall, Lori
STREET ADDRESS	4219 Centurian Cir.
CITY - ST - ZIP	Greenacres, Fla.
TITLE	VP
NAME	Benson, Robert
STREET ADDRESS	1900 Arabian Rd.
CITY - ST - ZIP	West Palm Beach, Fla.
TITLE	D
NAME	<del>McCall, Nicholas A. Jr.</del>
STREET ADDRESS	4222 Haverhill Rd
CITY - ST - ZIP	Lake Worth, Fla.
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: *Walter McCall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter McCall

7/21/03

561-968-5328

Date

Daytime Phone #

CR2E034B (12/02)