

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mcrtham
Secretary of State
DIVISION OF CORPORATIONS

SPCL
DIVISION
99 JAN -8 AM 9:37

1. Name of Limited Partnership

1a. DOCUMENT #
A26935

UNITED STATES PLASTERING, LTD.

Mailing Address

Principal Office Address

8049 MONETARY DR.
UNIT C-1
WEST PALM BEACH FL 33404

8049 MONETARY DR.
UNIT C-1
WEST PALM BEACH FL 33404

2. Mailing Address

2a. Principal Office Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

08/23/1988

3a. Date of Last Report

01/22/1998

4. State or Country of Formation

FL

6. FE Number

65-0060748

7. Certificate of Status Desired

5a. Capital Contributions as
Shown on record

\$415,000.00

5b. Amount of Capital
Contributions in FL OR (PA
to date

☐ Applied For
☐ Not Applicable

☒ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

THOMAS, JOHN
8049 MONETARY DRIVE
UNIT C-1
WEST PALM BEACH, FL FL 33404

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt #, etc.

City

FL Zip Code

10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration
Document Number

UNITED STATES PLASTERINGCOMP

8049 MONETARY DR.

WEST PALM BCH. FL

K20791

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

UNITED STATES PLASTERING COMPANY, INC.

SIGNATURE

DATE 12/10/98

Typed or Printed Name of General Partner Signing Form

John G. Thomas, 11

Daytime Telephone Number

(561) 844-2334

CR2E003 (8/98)