

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F40953**1. Entity Name
LUCARELLI PLASTERING, INC.**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90004 040 ***150.00

| | |
|---|--|
| Principal Place of Business 2154 CORPORATION BLVD NAPLES FL 33942 | Mailing Address 5857 SHIRLEY ST NAPLES FL 3410A US |
|---|--|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-2110337 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE



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| 6. Name and Address of Current Registered Agent LUCARELLI, ANGELO 2154 CORPORATION BLVD. NAPLES FL 33942 |
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|--|
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------------------------------|------|--------------------|--|----------------|------------------|--|-------------|------------------|--|---|-------|-----------|--|------|------------------|--|----------------|----------------|--|-------------|-----------------|--|
| <table><tr><td>TITLE</td><td>PSD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>LUCARELLI, ANGELO</td><td></td></tr><tr><td>STREET ADDRESS</td><td>400 EUCLID AVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NAPLES, FL 00000</td><td></td></tr></table> | TITLE | PSD | <input type="checkbox"/> Delete | NAME | LUCARELLI, ANGELO | | STREET ADDRESS | 400 EUCLID AVE | | CITY-ST-ZIP | NAPLES, FL 00000 | | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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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: *Cesare Lucarelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate 2/8/01 Daytime Phone # (941) 597-1991

CR2E034 (10/00)