

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000004861**1. Entity Name
SOUTHERN STUCCO & STONE, INC.**Principal Place of Business**

7215 UNIVERSITY DR.

HUDSON
34667

FL

Mailing Address

7215 UNIVERSITY DR.

HUDSON
34667

FL

2. Principal Place of Business

15911 US HWY 19

Suite, Apt. #, etc.
SUITE 2**3. Mailing Address**

15911 US HWY 19

Suite, Apt. #, etc.
SUITE 2**City & State**

HUDSON

FL

City & State

HUDSON

FL

Zip
34667Country
USZip
34667Country
US**4. FEI Number****91-1912785**

Applied For

Not Applicable

5. Certificate of Status Desired☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**EATON MICHAEL JJR.**
16101 SURREY DRIVEHUDSON
34667

FL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ **02/21/2001**

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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CANGELOSI LINDA	
STREET ADDRESS	7215 UNIVERSITY DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EATON THOMAS A	
STREET ADDRESS	7200 DIPOLA DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	DPV	<input type="checkbox"/> Delete
NAME	EATON MICHAEL JJR.	
STREET ADDRESS	16101 SURREY DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael John Eaton Jr.

DPV

02/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)