

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90402 023 ***150.00

DOCUMENT # H01936

1. Entity Name
STATE PLASTERING COMPANY, INC.



Principal Place of Business

86412 NW US HWY 441

ALACHUA FL 32615

US

Mailing Address

PO BOX 1029

ALACHUA FL 32616-1029

US

2. Principal Place of Business

13642 NW US HWY 441

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2507048**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BOSTON, JOFFRE T
1733 NW 39TH DR
GAINESVILLE FL 32605

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **DPVS**
NAME **BOSTON, JOFFRE T.**
STREET ADDRESS **1733 NW 39TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS**
NAME **BOSTON, JOFFRE T.**
STREET ADDRESS **1733 N.W. 39TH DRIVE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE **DV**
NAME **AUBREY C. CROSIER**
STREET ADDRESS **20631 N.W. 78TH AVENUE**
CITY-ST-ZIP **ALACHUA, FL 32616**

☐ Change ☒ Addition

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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joffre T. Boston

Date

Daytime Phone #

1-10-03 (386)462-1532