

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90010 026 ***150.00

0531574 AV

DOCUMENT # J33870

1. Entity Name

B & F STUCCO, INC.

Principal Place of Business

% MICHAEL FEESER
 9640 EAST SILVER OAKS TRAIL
 INVERNESS FL 32650-1932

Mailing Address

% MICHAEL FEESER
 9640 EAST SILVER OAKS TRAIL
 INVERNESS FL 32650-1932

00060925



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9280 E. Silver Oaks Trail

Suite, Apt. #, etc.

Inverness, FL

City & State

Zip *34450*

Country *U.S.*

3. Mailing Address

9280 E. Silver Oaks Trail

Suite, Apt. #, etc.

Inverness, FL

City & State

Zip *34450*

Country *U.S.*

4. FEI Number

59-2733983

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEESER, MICHAEL
9640 EAST SILVER OAKS TRAIL
INVERNESS FL 34450

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 *Michael Feeser* *Michael Feeser*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *1/2*

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	FEESER, MICHAEL	
STREET ADDRESS	9640 E. SILVER OAKS TR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURLEW, ROBERT W. JR	
STREET ADDRESS	P.O. BOX 630	
CITY-ST-ZIP	HERNANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME		
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 Feeser* *Michael Feeser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2002 *(352)344-1748*

Date

Daytime Phone #

CR2E034 (9/01)