2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J61293** 1. Entity Name C & D PLASTERING AND STUCCO, INC. Principal Place of Business Mailing Address 444 PINE ISLAND ROAD 444 PINE ISLAND ROAD NORTH FT. MYERS FL 33903-3746 NORTH FT. MYERS FL 33903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country 6. Name and Address of Current Registered Agent Name THOMAS, LADON 444 PINE ISLAND ROAD NORTH FT. MYERS FL 33903 City

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

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

THOMAS, LA DON

444 PINE ISLAND ROAD NORTH FT. MYERS FL 33903

444 PINE ISLAND ROAD

THOMAS, CHARLOTTE NINA

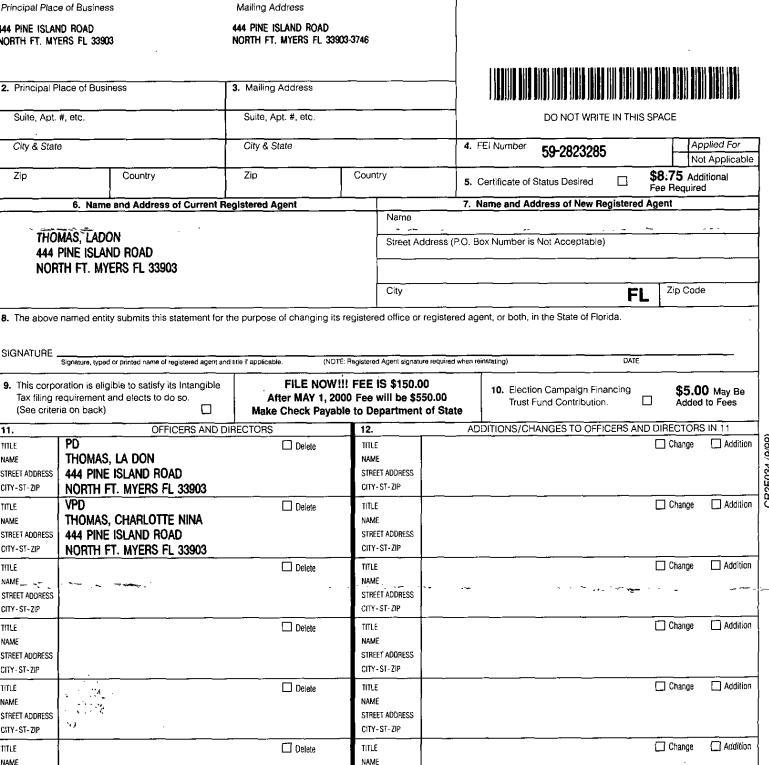
NORTH FT. MYERS FL 33903

Tax filing requirement and elects to do so.

(See criteria on back)

FILED May 26, 2000 8:00 am Secretary of State

05-26-2000 90085 001 ***150.00



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.

CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

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NAME

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE:

SIGNATURE

11.

TITLE

NAME

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NAME__

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CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2000