

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2000 8:00 am**
Secretary of State

04-24-2000 90146 049 ***150.00

DOCUMENT # K13077

1. Entity Name

PROFORMANCE PLASTERING OF ORLANDO, INC.

Principal Place of Business

Mailing Address

1730 DIPLOMACY ROW
ORLANDO FL 32809
US1730 DIPLOMACY ROW
ORLANDO FL 32809-5704
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2869683

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**DOUGHERTY, JOHN WILLIAM
1730 DIPLOMACY ROW
ORLANDO FL 32809

Name Daniel L. DeCubellis

Street Address (P.O. Box Number is Not Acceptable)
837 N. Garland Avenue

City Orlando

FL

Zip Code
32801

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.

Daniel L. DeCubellis

(NOTE: Registered Agent signature required when reinstating)

4/14/00

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, 2000 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**TITLE P ☐ Delete
NAME DOUGHERTY, JOHN WILLIAM
STREET ADDRESS 1730 DIPLOMACY ROW
CITY-ST-ZIP ORLANDO FL 32809TITLE D ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ST ☐ Delete
NAME GIORDANO, LUANN
STREET ADDRESS 1730 DIPLOMACY ROW
CITY-ST-ZIP ORLANDO FL 32809TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VP ☐ Delete
NAME POINTER, JAMES S
STREET ADDRESS 6534 HIDDEN BEACH CIRCLE
CITY-ST-ZIP ORLANDO FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2000

Date

(407) 8125500

Daytime Phone #

CR2E034 (9/99)