

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011495

1. Entity Name

FLORIDA STATE PLASTERING, L.L.C.

FILED

01 FEB 14 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2622 JETTON

2622 JETTON

TAMPA BAY FL 33629

TAMPA BAY FL 33629

2. Principal Place of Business

3. Mailing Address

2901 SW 29th St #2615

3308 MEADE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ocala Florida

City & State

City & State

LAS VEGAS, NV

4. FEI Number

91-2077471

Applied For

Not Applicable

Zip

34474

Country

Zip

89102

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEMBER ☐ Delete
NAME WALTER D. SCHUSTER
STREET ADDRESS 14447 N. 29th ST.
CITY-ST-ZIP PHX, AZ 85032

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEMBER ☐ Delete
NAME CHRISTOPHER L. HARRIS
STREET ADDRESS 3324 HASTINGS AVE
CITY-ST-ZIP LAS VEGAS, NV 89107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEMBER ☐ Delete
NAME CHARLES J. & SUSAN NIBLEY
STREET ADDRESS 3120 RAINBOW DR
CITY-ST-ZIP PRESCOTT, AZ 86301

TITLE ☐ Change ☐ Addition
NAME 100003742501-3
STREET ADDRESS -02/20/01-01028-003
CITY-ST-ZIP *****50.00 *****50.00

TITLE MEMBER ☐ Delete
NAME PETER L. & JILL CONLEY
STREET ADDRESS 49 TURRETT SHELL LANE
CITY-ST-ZIP HILTON HEAD, SC 29926

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/28/01

702 872-6110

CR2E089 (11/00)

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