

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90343 034 ****50.00

DOCUMENT # L00000011495

1. Entity Name

FLORIDA STATE PLASTERING, L.L.C.

Principal Place of Business

2901 SW 29TH ST. #2615
 OCALA FL 34474

Mailing Address

3308 MEADE AVE.
 LAS VEGAS NV 89102

2. Principal Place of Business

4482 SE 109th Dr
 Suite, Apt. #, etc.

3. Mailing Address

3300-A Meade Ave
 Suite, Apt. #, etc.

City & State

Belleview FL

City & State

Las Vegas NV 89102

Zip

Country

34420 USA

Zip

Country

USA

4. FEI Number **91-2077471**

Applied For

Not Applicable

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. 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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MEM** ☐ Delete
 NAME **SCHOOTER, WALTER D**
 STREET ADDRESS **14447 N. 29TH ST.**
 CITY-ST-ZIP **PHOENIX AZ 85032**

TITLE **Mem** ☒ Change ☐ Addition
 NAME **Schuster Walter D**
 STREET ADDRESS **14447 N. 29th St**
 CITY-ST-ZIP **Phoenix AZ 85032**

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

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

TITLE **MEM** ☐ Delete
 NAME **NIBLEY, CHARLES&SUSAN**
 STREET ADDRESS **3120 RAWSHIDE DR.**
 CITY-ST-ZIP **PRESCOTT AZ 86301**

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

TITLE **MEM** ☐ Delete
 NAME **CONLEY, PETER & JILL**
 STREET ADDRESS **#9 TURRET SHELL LANE**
 CITY-ST-ZIP **HILTON HEAD SC 29926**

TITLE **Mem** ☒ Change ☐ Addition
 NAME **Conley Peter & Jill**
 STREET ADDRESS **3804 Turret Shell Lane**
 CITY-ST-ZIP **Wilton Head SC 29926**

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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/02)