

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90201 031 \*\*\*158.75

**DOCUMENT # L04084**  
1. Entity Name  
**DUVAL PLASTERING AND STUCCO, INC.**



Principal Place of Business  
**9430 ORME ROAD**  
**JACKSONVILLE FL 32220-1950**  
**US**

Mailing Address  
**9430 ORME ROAD**  
**JACKSONVILLE FL 3220-950**  
**US**

2. Principal Place of Business  
**12641 Snyder Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**12641 Snyder Street**  
Suite, Apt. #, etc.

City & State  
**Jacksonville, Fl.**

City & State  
**Jacksonville, Fl.**

Zip  
**32256**

Country  
**USA**

Zip  
**32256**

Country  
**USA**

4. FEI Number **59-2957538**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**JOHNSON, CHARLOTTE S.**  
**9430 ORME ROAD**  
**JACKSONVILLE FL 32220**

## 7. Name and Address of New Registered Agent

Name **Heather Lane**

Street Address (P.O. Box Number is Not Acceptable)  
**5917 Caribbean Court N.**

City **Jacksonville** **FL** Zip Code **32277**

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 *Heather Lane* **Heather Lane, President** **2/7/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	STRINGFIELD, NEIL	
STREET ADDRESS	9430-2 ORME ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HIGGINBOTHAM, DAVID	
STREET ADDRESS	12641 SNYDER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, CHARLOTTE S.	
STREET ADDRESS	9430 ORME ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRINGFIELD, ANNETTE	
STREET ADDRESS	5517 ROYCE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heather Lane	
STREET ADDRESS	5917 Caribbean Court N.	
CITY-ST-ZIP	Jacksonville, FL 32277	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teresa Higginbotham	
STREET ADDRESS	12641 Snyder Street	
CITY-ST-ZIP	Jacksonville, FL 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Heather Lane* **Heather Lane, President** **2/7/03** **904-629-0541**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)