

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M65515

1. Entity Name

PEDERSEN LATHING & PLASTERING, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90024 049 ***150.00

Principal Place of Business

Mailing Address

1984 SW BILTMORE ST.
SUITE 106
PORT LUCIE FL 34984
US

1984 SW BILTMORE ST.
106
PORT ST. LUCIE FL 34984-4385
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

65-0029179

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

PEDERSEN, ROBERT
1984 SW BILTMORE ST.
SUITE 106
PORT ST. LUCIE FL 34984

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

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 State

10. 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 PD
NAME INGHAM, THOMAS
STREET ADDRESS 2222 EDISON CIRCLE
CITY-ST-ZIP PORT ST. LUCIE FL 34953 ☐ Delete

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

TITLE PD
NAME PEDERSEN, ROBERT
STREET ADDRESS 2502 S.W. RAQUET CLUB DRIVE
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3986 SW Rivers End Way
CITY-ST-ZIP Palm City, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☒ Change ☒ Addition
NAME James Hollingsworth
STREET ADDRESS 3225 Mura Drive
CITY-ST-ZIP Ft. Pierce, FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

(561) 879-3911

Daytime Phone #

CR2E034 (9/99)