


2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91787 044 ***150.00

DOCUMENT # P00000002019

1. Entity Name
G&S Stucco & Plastering Corp



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>105 Grand Ave</u>		3. Mailing Address <u>105 Grand Ave</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami, FL 33133</u>		City & State <u>Miami, FL 33133</u>	
Zip <u>33133</u>	Country <u>U.S.A.</u>	Zip <u>33133</u>	Country <u>U.S.A.</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-0971259</u>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>Hubert C. Stephens</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>105 Grand Ave</u>			
City <u>Miami, FL</u>			Zip Code <u>33133</u>

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 Hubert C. Stephens DATE 4/29/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>Hubert Stephens</u>	<u>105 Grand Ave.</u>	<u>Miami, FL 33133</u>
	<u>Deley Givens</u>	<u>105 Grand Ave.</u>	<u>Miami, FL 33133</u>
	<u>Arnold Stephens</u>	<u>105 Grand Ave</u>	<u>Miami, FL 33133</u>
DO NOT WRITE IN THIS SPACE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Hubert C. Stephens DATE 4/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)