

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000033146

1. Entity Name
SHEROUSE PLASTERING AND STUCCO, INC.

FILED

02 OCT 28 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
19707 N W 78TH AVENUE
ALACHUA FL 32615

Mailing Address
~~ROUTE 4, BOX 176~~
~~ALACHUA FL 32615~~



2. Principal Place of Business

3. Mailing Address

19707 NW 78th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

City & State

City & State

Alachua, FL

4. FEI Number

59-3650699

Applied For

Not Applicable

Zip

Country

Zip

Country

32615

Alachua

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

SHEROUSE, NANCY R
19707 N W 78TH AVENUE
ALACHUA FL 32615

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 *Nancy R Sherouse*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/24/02

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 \$550.00

After September 13, 2002 Fee will be \$750.00
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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEROUSE, LEONARD E JR.	
STREET ADDRESS	19707 N W 78TH AVENUE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 386-462-4236

CR2E034 (4/02)