

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****FILED**
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91591 006 ***150.00

DOCUMENT # P00000039982

1. Entity Name

JOE'S PLASTERING INC.

DO NOT WRITE IN THIS SPACE

866595

2. Principal Place of Business
P O BOX 9563. Mailing Address
P O BOX 956

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DELAND FLCity & State
DELAND FL4. FEI Number
59-3641604Applied For
Not ApplicableZip
32721Country
VOLUSIAZip
32721Country
VOLUSIA5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CAMBELL, JOSEPH FStreet Address (P.O. Box Number is Not Acceptable)
~~115-A~~ DAYTONA Rd.City
DELAND FL Zip Code
32721

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 reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPPVST
CAMPBELL, JOSEPH F
P O BOX 956
DELAND FL 32721TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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NAME
STREET ADDRESS
CITY - ST - ZIP**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/01)