

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P00000058622

1. Entity Name

Duane Tibbetts Stucco & Stone, Inc.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90062 029 ***150.00

Principal Place of Business

Mailing Address

5447 South BLVD. DR.
Homosassa, Fl. 34448P.O. BOX 633
Homosassa, FL.
34487

2. Principal Place of Business

5447 S. BLVD DR.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 633

Suite, Apt. #, etc.

City & State

Homosassa, Fl.

City & State

Homosassa, Fl.

4. FEI Number

65-1025110

Applied For

Not Applicable

Zip

34448

Country

CITRUS

Zip

34487

Country

U.S.

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

DO NOT WRITE IN THIS SPACE

A0062421

6. Name and Address of Current Registered Agent

WENDELL PENDELTON, ESQ.
6027 S. Suncoast Blvd.
Homosassa, Florida 34446

7. Name and Address of New Registered Agent

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.

DUANE TIBBETTS

04/20/01

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Duane L. Tibbetts	P.O. Box 633	Homosassa, Fl. 34487				
Vice President	Janice Tibbetts	Same as President					
Secretary	Janice Tibbetts	Same as President					
Treasurer	Janice Tibbetts	Same as President					

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

Duane Tibbetts

Date

04-20-01

Daytime Phone #

CR2E034 (11/00)