

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

DOCUMENT # **P00000060874**

1. Entity Name

**DM STUCCO, INC**

FILED

02 SEP -5 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**100007118111--8**

-08/14/02--01086--001

\*\*\*\*150.00 \*\*\*\*150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2326 W PINE ST.**

Suite, Apt. #, etc.

3. Mailing Address

**2326 W PINE ST**

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

Zip

**32805**

Country

City & State

**ORLANDO, FL**

Zip

**32805**

Country

4. FE Number

**59-3653848**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**L. SANDER THORPE**

Street Address (P.O. Box Number is Not Acceptable)

**2327 PINEY GLEN LN**

City

**ORLANDO**

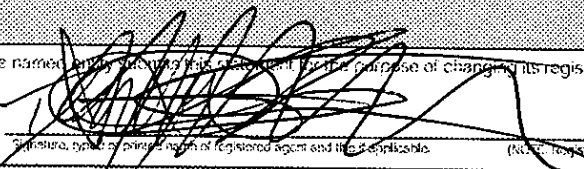
**FL**

Zip Code

**32819**

8. The above named entity hereby certifies that it is the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE



**8/12/02**

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

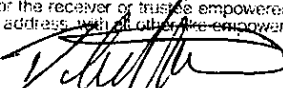
|                |                            |
|----------------|----------------------------|
| TITLE          | <b>D</b>                   |
| NAME           | <b>MAURICETTE DAVIDSON</b> |
| STREET ADDRESS | <b>2326 W PINE ST</b>      |
| CITY- ST- ZIP  | <b>ORLANDO, FL 32805</b>   |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY- ST- ZIP  |                            |
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**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 or without the empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/12/02**

DATE

Daytime Phone #

CR2E034B (12/01)

**8/14/02**