FOR PROFIT CORPORATION.
UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP -5 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/14/02--01086--001
****150.00 ****150.00

DOCUMENT # P00000060874

1. Entity Name
DM STUCCO, INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2326 W PINE ST.	2326 W PINE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32805 Country:	Zip: 32805 Country:

4. FEI 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: LYSANDER 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 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 8/12/02
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

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-ZIP	
D MAURICETTE DAVIDSON 2326 W PINE ST ORLANDO, FL 32805	

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: _____ 8/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

JF 9/9/02