## 2002 Uniform Business Report (UBR)

SHOWING PROPERTY

2002	2 uniform Busi	ness repoi	RT (UB	R)	$\mathbf{May } 28$	TLED , 2002	8:00	am
1. Entity Nan	MENT # P00000 PLASTER OF TAMPA, INC.	0088458	•			ary of 2 901 03 034 **		,
Principal Place of Business 16133 ARMISTEAD LANE ODESSA FL 33556 US		Mailing Address 16133 ARMISTEAD LANE ODESSA FL 33556 US			29573			
2. Principal F Suite, Apt.	Place of Business #, etc.	Mailing Address     Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & Star	16	City & State			4. FEI Number 59-3676036 Applied For Not Applicable			
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad	ditional	
	6. Name and Address of Current R	egistered Agent	Name		7. Name and Address of New Regis	nered Agent		1
MAHER, SUE 16133 ARMISTEAD LANE ODESSA FL 33556				Address (F	fress (P.O. Box Number is Not Acceptable)			
			City	City FL Zip Code				
9. This corporate filing (See criter	FEE IS \$150 Fee will be \$ to Departmen	.00 550.00	10. Election Campaign Financ	DATE	O May Be			
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	i _ ·
TITLE NAME STREET ADDRESS CITYLET-ZIP	D MAHER, MICHAEL 8012 JACKSON SPRINGS RD TAMPA FL 33615	Oelate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\ \( \lambda_{\text{c}} \)	E PRESIDENT	Change	☐ Addition	2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete LOPEZ, FELIPE 12410 PHILIP LANE GIBSONTON FL 33534		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARMANDO ZAVALETA Change 12914 LOVERS LANE DORESS RIVERVIEW, FL 33569		Addition 2		
TITLE NAME STREET ADDRESS	V MARTINEZ, ANGEL 12410 PHILIP LANE	X Delete	TITLE NAME STREET ADDRESS	MA	PRESIDENT RCO VALLEJO B 3B_DUTCH LN	Change	Addition	
CITY-ST-ZIP	GIBSONTON FL 33534		CITY-ST-ZIP	LUT	z, F2 33559			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1613	PRESIDENT AN MAHER 3 ARMISTEAD LN ESSA, FL 35554	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition +	
13. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is true.	nis filing does not qualify for the ue and accurate and that my s	e exemption stal signature shall h	ted in Sec ave the sa	tion 119.07(3)(i), Florida Statutes. I furth me legal effect as if made under oath;	er certify that the in that I am an officer	formation or director	