2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Feb 01, 2002 8:00 am \$ Secretary of State 2 P01000013628 DOCUMENT # 1. Entity Name J & N STUCCO, INC. Mailing Address Principal Place of Business 4849 A PLYMOUTH SORRENTO RD 4849 A PLYMOUTH SORRENTO RD APOPKA FL 32712 APOPKA FL 32712 2. Principal Place of Business 3. Mailing Address N. LAKE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For ity & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAMIREZ. NELSON 4849 A PLYMOUTH SORRENTO RD APOPKA FL 32712 registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office of **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (9/01 ☐ Delete TITI F TITLE NAME RAMIREZ, NELSON NAME 4849 A PLYMOUTH SORRENTO RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Addition ☐ Delete TITLE TITLE NAME NAME MARTINEZ, JOSE G STREET ADDRESS STREET ADDRESS 4849 A PLYMOUTH SORRENTO RD CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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