FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90047 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024176

1. Entity Name
C + N STUCCO & PLASTERING, INC.

Principal Place of Business	Mailing Address
1237 UPSALA RD. SANFORD, FL 32771	1237 UPSALA RD. SANFORD, FL 32771

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 470401 Suite, Apt. #, etc.
City & State	City & State: LAKE MONROE, FL
Zip / Country	Zip: 32747-0401 / Country: USA

4. FEI Number 59-3705891 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREDERICK, CLETUS
1237 UPSALA RD.
SANFORD, FL 32771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: OTT, NEAL STREET ADDRESS: 1237 UPSALA RD. CITY-ST-ZIP: SANFORD, FL 32771	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: FREDERICK, CLETUS STREET ADDRESS: 869 BALLARD ST. CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE: PD NAME: Frederick, Cletus STREET ADDRESS: 621 Contravest Lane CITY-ST-ZIP: Winter Springs, FL 32708	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cletus Frederick 4/30/03 407-222-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Daytime Phone #

CR2E034 (10/02)