

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90972 047 ***150.00

DOCUMENT # *p01000032917*

1. Entity Name

Discount Stucco Supply, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6980 US1 North

3. Mailing Address

6980 US1 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

80057534

DO NOT WRITE IN THIS SPACE

City & State

St. Augustine FL

City & State

St. Augustine FL

4. FEI Number

54-371118

Applied For

Not Applicable

Zip

32095

Country

USA

Zip

32095

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Patrick F. McCormick, Esq.

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

19 Old Mission Ave

City

St. Augustine

FL

Zip Code

32084

**DO NOT WRITE
IN THIS SPACE**

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

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 \$81.25

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 *Director*
NAME *Boston, Deborah K*
STREET ADDRESS *7211 Ridgeway Rd.*
CITY-ST-ZIP *Keyston Heights FL 32656*

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CITY-ST-ZIP

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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: *Deborah K. Boston*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2002
Date

904-829-9528
Daytime Phone #

CR2E034B (12/01)