


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90165 007 \*\*\*500.00  
08-13-2003 90078 036 \*\*\*\*50.00

**DOCUMENT #** P01000036369

1. Entity Name  
**SIGNATURE PLASTERING, INC.**



Principal Place of Business  
**851 E 13TH ST  
STUART FL 34994**

Mailing Address  
**851 E 13TH ST  
STUART FL 34994**

2. Principal Place of Business  
**845 E 13th Street**

Suite, Apt. #, etc.  
**N/A**

3. Mailing Address  
**845 E 13th Street**

Suite, Apt. #, etc.  
**N/A**

City & State  
**STUART FL**

Zip  
**34994**

Country  
**MARTIN**

4. FEI Number  
**65-1098854**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~DUBOIS, JEFF~~  
~~851 E 13TH ST~~  
~~STUART FL 34994~~

7. Name and Address of New Registered Agent

Name  
**SCOTT BAIL**

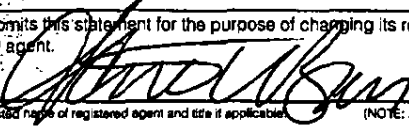
Street Address (P.O. Box Number is Not Acceptable)  
**845 E 13th Street**

City  
**STUART**

FL

Zip Code  
**34994**

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  DATE **7/8/03**

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

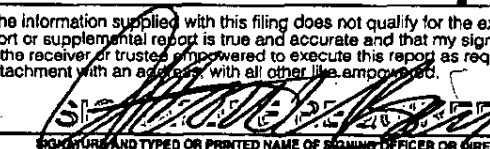
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS DUBOIS, JEFF 851 E 13TH ST STUART FL 34994</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVP BALL, SCOTT 845 E 13TH ST STUART FL 34994</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT MCMILLON, DANIEL 9388 HARTON AVE FT PIERCE FL 34945</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **7/8/03** Daytime Phone # **(772) 463-9476**  
**(772) 260-8306**

Signature and typed or printed name of signing officer or director

CR2E034 (4/03)