

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91345 029 ***150.00

DOCUMENT # P01000058510

1. Entity Name
LIMBERIS PLASTERING, INC.

Principal Place of Business

3252 RIVER DR.
FT. PIERCE FL 34981

Mailing Address

3252 RIVER DR.
FT. PIERCE FL 34981



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3252 River Dr.
 Suite, Apt. #, etc.

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State
FORT PIERCE, FL

City & State

4. FEI Number

65-1116972

Applied For

Not Applicable

Zip
34981

Country

St. Lucie

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIMBERIS, PAMELA W
3252 RIVER DR.
FT. PIERCE FL 34981

7. Name and Address of New Registered Agent

Name **MARTY R. Limberis**
Street Address (P.O. Box Number is Not Acceptable) **3252 River Dr.**
City **Ft. Pierce** **FL** **34981**

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 **Pamela W. Limberis** **Pamela W. Limberis** **5-14-02**
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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	D <input checked="" type="checkbox"/> Delete
NAME	LIMBERIS, PAMELA W
STREET ADDRESS	3252 RIVER DR.
CITY-ST-ZIP	FT. PIERCE FL 34981
TITLE	D <input type="checkbox"/> Delete
NAME	LIMBERIS, MARTY R
STREET ADDRESS	3252 RIVER DR.
CITY-ST-ZIP	FT. PIERCE FL 34981
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Pamela W. Limberis** **Pamela W. Limberis** **5-14-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)