

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90245 049 ***158.75

DOCUMENT # *P01000091991*

1. Entity Name
Wall to Wall Plastering + Stucco, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
934 Chickadee Drive
Suite, Apt. #, etc.

3. Mailing Address
934 Chickadee Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port Orange, FL
Zip
32127
Country
USA

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Port Orange, FL
Zip
32127
Country
USA

4. FEI Number
59-3745087

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert A. Magruder

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

City *Port Orange* **FL** Zip Code *32127*

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 \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Robert A. Magruder
934 Chickadee Drive
Port Orange, FL 32127

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice-President
Lon E. Hull
3771 White Spruce Ct.
Ormond Beach, FL 32174

TITLE
NAME
STREET ADDRESS
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: *Robert A. Magruder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 *386/316-5180*

Date Daytime Phone #

CR2E034B (12/01)