

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90376 029 \*\*\*150.00

**DOCUMENT # P01000118364**

1. Entity Name  
**DANIEL'S STUCCO, INC.**

Principal Place of Business

**1614 HERNANES DRIVE  
 ORLANDO FL 32808**

Mailing Address

**1614 HERNANES DRIVE  
 ORLANDO FL 32808**

2. Principal Place of Business

**1614 Hernandes Dr**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando FL**

City & State

**Orlando FL**

Zip

**32808**

Country

**Orange**

Zip

**32808**

Country

**Orange**

4. FEI Number

**260020802**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DESAUGUSTE, DANIEL  
 1614 HERNANES DRIVE  
 ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name **Daniel Des Auguste**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1614 Hernandes Dr**  
 City **Orlando** FL Zip Code **32808**

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 **Daniel Des Auguste**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PO DESAUGUSTE, DANIEL 1614 HERNANES DRIVE ORLANDO FL 32808</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LAZARD, NIXON 5239 EGGLESTUR AVENUE ORLANDO FL 32810</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DESAUGUSTE, TONI 1614 HERNANES DRIVE ORLANDO FL 32808</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

12. 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
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

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: **Daniel Des Auguste**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-22-02** Daytime Phone #

CR2034 (9/01)