

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90326 004 ***150.00

DOCUMENT # P02000012822

1. Entity Name
RONALD BRYANT STUCCO, INC.



Principal Place of Business
**4479 MELVIN CIRCLE EAST
JACKSONVILLE FL 32210**

Mailing Address
**4479 MELVIN CIRCLE EAST
JACKSONVILLE FL 32210**

10014407



2. Principal Place of Business

4501 Irvington Avenue

3. Mailing Address

4501 Irvington Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#8

#8

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32210

Country

United States

Zip

Country

United States

4. FEI Number

27-0001857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRYANT, RONALD
4479 MELVIN CIRCLE EAST
JACKSONVILLE FL 32210**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Ronald E. Bryant Sr.

Ronald E. Bryant Sr. January 20, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **BRYANT, RONALD**
STREET ADDRESS **4479 MELVIN CIRCLE EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **VSTD** ☐ Delete
NAME **BRYANT, SYLVIA**
STREET ADDRESS **4479 MELVIN CIRCLE EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

Ronald E. Bryant Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald E. Bryant Sr. 01/20/03

Date

Daytime Phone #

904
381-0404

CR2E034 (10/02)