

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90768 048 \*\*\*150.00

0682008 AV

**DOCUMENT # P02000026731**

**1. Entity Name**  
**DUN-RITE STUCCO & STONE INC.**



**Principal Place of Business**  
**17826 FANCY LN**  
**HUDSON FL 34667**

**Mailing Address**  
**17826 FANCY LN**  
**HUDSON FL 34667**



**2. Principal Place of Business**

**3. Mailing Address**

**17316 MERIDAN AVE**

**17316 MERIDAN AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**

**HUDSON FL**

**City & State**

**HUDSON FL**

**4. FEI Number**

**75-3015263**

**Applied For**

**Not Applicable**

**Zip**

**34667**

**Country**

**USA**

**Zip**

**34667**

**Country**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WILLIAMS, CHRISTOPHER W**  
**17826 FANCY LN**  
**HUDSON FL 34667**

**Name**

**CHRISTOPHER W WILLIAMS**

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

**17316 MERIDAN AVE**

**City**

**HUDSON**

**FL**

**Zip Code**

**34667**

**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**

*Christopher Williams*

**4-11-03**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WILLIAMS, CHRISTOPHER W</b>	
<b>STREET ADDRESS</b>	<b>17826 FANCY LN</b>	
<b>CITY-ST-ZIP</b>	<b>HUDSON FL 34667</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>17316 MERIDAN AVE</b>	
<b>CITY-ST-ZIP</b>	<b>HUDSON FL 34667</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*Christopher Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-03**

Date

**352-279-5944**

Daytime Phone #

CR2E034 (10/02)