


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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90036 034 ***150.00

DOCUMENT # <u>P02000058147</u>	
1. Entity Name <u>UNIQUE STUCCO OF ORLANDO, INC</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>5509 PAINTED OAK CT</u> Suite, Apt. #, etc.		3. Mailing Address <u>5509 PAINTED OAK CT</u> Suite, Apt. #, etc.	
City & State <u>ORLANDO, FL</u>		City & State <u>ORLANDO, FL</u>	
Zip <u>32808</u>	Country	Zip <u>32808</u>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>DESMOND CAZAUBON</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>5509 PAINTED OAK CT</u>	
	City <u>ORLANDO</u>	Zip Code <u>FL 32808</u>

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>DESMOND CAZAUBON</u> <u>5509 PAINTED OAK CT</u> <u>ORLANDO, FL 32808</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Desmond Cazaubon DESMOND CAZAUBON 04/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)