

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90203 024 ***150.00

DOCUMENT # P02000079644

1. Entity Name
GOLDEN STUCCO & TILES, INC.



Principal Place of Business

~~1810 SILVERBRANCH BLVD.~~
~~STE 201~~
~~ORLANDO FL 32822~~

Mailing Address

~~1810 SILVERBRANCH BLVD.~~
~~STE 201~~
~~ORLANDO FL 32822~~

2. Principal Place of Business

425 S CHICKASAW TRL
Suite, Apt. #, etc.
237

3. Mailing Address

425 S CHICKASAW TRL
Suite, Apt. #, etc.
237

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32825

Country

USA

Zip

32825

Country

USA

4. FEI Number

05-0522929

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

~~VASQUEZ, MONICA~~
~~1810 SILVERBRANCH BLVD.~~
~~STE 201~~
~~ORLANDO FL 32822~~

7. Name and Address of New Registered Agent

Name **William J. Vasquez, President**
Street Address (P.O. Box Number is Not Acceptable)
425 S CHICKASAW TRL
Suite # **237**
City **Orlando** State **FL** Zip Code **32825**

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 **PRES**

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 21/03

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 **P** ☒ Delete
NAME **VASQUEZ, MONICA**
STREET ADDRESS **1810 SILVERBRANCH BLVD. STE 201**
CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **William J. Vasquez**
STREET ADDRESS **425 S CHICKASAW TRL # 237**
CITY-ST-ZIP **Orlando Florida 32825**

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

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

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

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

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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 21/03 42-321-229-0836

Date

Daytime Phone #

CR2E034 (10/02)