

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90133 045 ***150.00

DOCUMENT # P02000097013

1. Entity Name
A 1000 PLASTERING, INC.



Principal Place of Business
**4871 VIA PALM LAKE
APT. 706
WEST PALM BEACH FL 33417**

Mailing Address
**4871 VIA PALM LAKE
APT. 706
WEST PALM BEACH FL 33417**

2. Principal Place of Business

3. Mailing Address
11313 Pine Valley Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Wellington

4. FEI Number
30-0132630

Applied For
Not Applicable

Zip

Country

Zip
33414

Country
FL

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

**ELVIR, ELVIN E
4871 VIA PALM LAKE
APT. 706
WEST PALM BEACH FL 33417**

Name

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

City

FL

Zip Code

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ELVIR, ELVIN E
4871 VIA PALM LAKE #706
WEST PALM BEACH FL 33417**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**11313 Pine Valley Dr
Wellington, West Palm beach FL, 33414**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)