

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90135 044 \*\*\*150.00

**DOCUMENT # P02000127838**

1. Entity Name

**JEFF BEGLEY PLASTERING & STUCCO, INC.**



Principal Place of Business  
**140 SW HAWTHORNE CIR  
PORT ST LUCIE FL 34953**

Mailing Address  
**P.O. BOX 9513  
PORT ST LUCIE FL 34985**

2. Principal Place of Business

**140 S.W. Hawthorne Cir.**

3. Mailing Address

**P.O. Box #9513**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PORT ST. LUCIE, FLORIDA**

City & State

**PORT ST. LUCIE, FLORIDA**

4. FEI Number

**06-1662115 261212**

Applied For

Not Applicable

Zip

**34953**

Country

**U.S.A.**

Zip

**34985**

Country

**U.S.A.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BEGLEY, JEFFREY  
140 SW HAWTHORNE CIR  
PORT ST LUCIE FL 34953**

7. Name and Address of New Registered Agent

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	<b>D</b> <b>BEGLEY, JEFFREY</b> <b>140 SW HAWTHORNE CIR</b> <b>PORT ST LUCIE FL 34953</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**JEFFREY BEGLEY**

**3/19/03 (772)343-8339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E034 (10/02)