

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

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90156 033 ***150.00

DOCUMENT # P03000141 845
1. Entity Name
SUPER STUCCO EXPRESS, INC

DO NOT WRITE IN THIS SPACE

40068568

2. Principal Place of Business 5310 FERDINAND DRIVE		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State	
Zip 32808	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2413348		Applied For 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 Cecil Harmond	
Street Address (P.O. Box Number is Not Acceptable) 5310 Ferdinand Drive	
City Orlando	Zip Code 32808

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**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE Director	NAME Cecil Harmond	TITLE	
STREET ADDRESS 5310 Ferdinand Drive		NAME	
CITY-ST-ZIP Orlando FL 32808		STREET ADDRESS	
TITLE		CITY-ST-ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE		CITY-ST-ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE		CITY-ST-ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE		CITY-ST-ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #