

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90510 007 ***150.00

MTF030 AV

DOCUMENT # P94000057469



1. Entity Name

ULTIMATE PLASTERING, INC.

Principal Place of Business

**1968 OLD DAYTONA RD
DAYTONA BEACH FL 32124
US**

Mailing Address

**1968 OLD DAYTONA RD
DAYTONA BEACH FL 32124
US**

2. Principal Place of Business

1968 Old DAYTONA Rd.

3. Mailing Address

1968 Old DAYTONA Rd.

Suite/Apt. #, etc.

N/A.

Suite/Apt. #, etc.

N/A.

City & State

DAYTONA BEACH, FL.

City & State

DAYTONA BEACH, FL.

Zip

32128

Country

U.S.

Zip

32128.

Country

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3262104

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FLEEMIN, JOHN D

1968 OLD DAYTONA RD

DAYTONA BEACH FL 32124

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FLEEMIN, JOHN D**
CITY-ST-ZIP **1968 OLD DAYTONA RD
DAYTONA BEACH FL 32124**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FLEEMIN, JOANNE J**
CITY-ST-ZIP **1968 OLD DAYTONA RD
DAYTONA BEACH FL 32124**

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 ☐ 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

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:

JOANNE J FLEEMIN, V.P.

Date

1-15-03

Daytime Phone #

**(386)
756-1818**

CR2E034 (10/02)