

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90323 024 ***150.00

DOCUMENT # P94000059177

1. Entity Name
DEBARTOLO STUCCO, INC.



Principal Place of Business
**6025 N. U.S. HIGHWAY 1
FT. PIERCE FL 34946**

Mailing Address
**6025 N. U.S. HIGHWAY 1
FT. PIERCE FL 34946**

44601776



2. Principal Place of Business

6099 N. U.S. #1
Suite, Apt. #, etc.

3. Mailing Address

6099 N. U.S. #1
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FT. PIERCE, FL

City & State
FT. PIERCE, FL

4. FEI Number **65-0539243**

Applied For
Not Applicable

Zip
34946

Country

Zip
34946

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOPKINS, BOBBY
6025 N. U.S. HIGHWAY 1
FT. PIERCE FL 34946**

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.

Bobby Hopkins

(NOTE) Registered Agent signature required when reinstating

1-30-03
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 **PVST** ☐ Delete
NAME **HOPKINS, BOBBY**
STREET ADDRESS **6025 N. U.S. HIGHWAY 1**
CITY-ST-ZIP **FT. PIERCE FL 34946**

TITLE **D** ☐ Delete
NAME **HOPKINS, BOBBY**
STREET ADDRESS **6025 N. U.S. HIGHWAY 1**
CITY-ST-ZIP **FT. PIERCE FL 34946**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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

Bobby Hopkins **1-30-03** **465-4242**

Date

Daytime Phone #

CR2E034 (10/02)