

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062354

1. Entity Name

MONUMENT STUCCO COMPANY, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90032 012 ***150.00

Principal Place of Business

3570 MONUMENT DR.
DELTONA FL 32728

Mailing Address

P.O. BOX 6498
DELTONA FL 32728-6498

2. Principal Place of Business

3. Mailing Address

PO Box 2227

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
New Smyrna Beach FL

4. FEI Number

59-3270086

Applied For

Not Applicable

Zip

Country

Zip
32170

Country

USA

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

BOWEN, BRADLEY D
3570 MONUMENT DR.
DELTONA FL 32728

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DPST			
	BOWEN, BRADLEY D	3570 MONUMENT DR.	DELTONA FL 32728	

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

13. 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 11 or Block 12 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

BRADLEY BOWEN
PRESIDENT

Date

Daytime Phone #

4/12/00 904-428-5558