

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91058 021 \*\*\*150.00

0606772 AV

**DOCUMENT # P95000003627**

1. Entity Name

**M. DAUGHERTY PLASTERING, INC.**

**M. DAUGHERTY**



Principal Place of Business

**PLASTERING, INC.**

Mailing Address

~~1107 DRIFTWOOD LANE~~ **2105 WINDING CREEK LANE** ~~1107 DRIFTWOOD LANE~~  
**FT. PIERCE FL 34982 FORT PIERCE, FL 34981 FT. PIERCE FL 34982**  
**(772) 464 4235**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0561436**

Applied For

Not Applicable

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

**DAUGHERTY, MARGARET**  
~~1107 DRIFTWOOD LANE~~  
~~FT. PIERCE FL 34982~~

**M. DAUGHERTY**  
**PLASTERING, INC.**  
**2105 WINDING CREEK LANE**  
**FORT PIERCE, FL 34981**  
**(772) 464 4235**

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>PSD</b> <b>DAUGHERTY, MARGARET</b> <b>1107 DRIFTWOOD LANE</b> <b>FT. PIERCE FL 34982</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DAUGHERTY, JEROLD</b> <b>1107 DRIFTWOOD LANE</b> <b>FT. PIERCE FL 34982</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
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:

**SIGNATURE REQUIRED**  
**MARGARET DAUGHERTY**

**4-15-03**

**772/464-4235**

Date

Daytime Phone #

CR2E034 (10/02)