

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90140 020 \*\*\*150.00

**DOCUMENT # P95000064004**

1. Entity Name  
**CEILING PRO OF TALLAHASSEE INC.**



Principal Place of Business  
**2060 WHITE ASH WAY  
TALLAHASSEE FL 32308**

Mailing Address  
**P.O. BOX 38207  
TALLAHASSEE FL 323153**



2. Principal Place of Business  
**Rt 24 Box 60438**  
Suite, Apt. #, etc.

3. Mailing Address  
**Rt 24 Box 60438**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Lake City, FL**  
Zip  
**32024**  
Country  
**Columbia**

4. FEI Number **59-3331072**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRAGDON, STANFORD R  
177 MATTHEW CLARK  
GREENSBORO FL**

7. Name and Address of New Registered Agent  
Name **Stanford R Bragdon**  
Street Address (P.O. Box Number is Not Acceptable)  
**Rt 24 Box 60438**  
City **Lake City** FL Zip Code **32024**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>Stanford Bragdon</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRAGDON, SANFORD R.</b>		NAME	<b>Rt 24 Box 60438</b>	
STREET ADDRESS	<b>17854 BLUE STAR HWY</b>		STREET ADDRESS	<b>Lake City, FL 32024</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CIRIONI, GEORGE A.</b>		NAME		
STREET ADDRESS	<b>2060 WHITE ASH WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAGDEN, STANFORD R</b>		NAME		
STREET ADDRESS	<b>6054 HALLIE CARROLL LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** Stanford Bragdon **REQUIRED** 1/16/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)