

AMENDED

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JUL 13 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                                              |                                                       |                                                                                                                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P96000000059                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                              |                                                       | 1. Entry Name<br>PROFORMANCE PLASTERING OF PENSACOLA, INC.                                                                    |  |
| Principal Place of Business<br>1730 Diplomacy Row<br>Orlando, FL 32809<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | Mailing Address<br>1730 Diplomacy Row<br>Orlando, FL 32809<br>USA                                            |                                                       |                                                                                                                               |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | 3. Mailing Address                                                                                           |                                                       |                                                                                                                               |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | Suite, Apt. #, etc.                                                                                          |                                                       |                                                                                                                               |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | City & State                                                                                                 |                                                       | 4. FEI Number<br>59-3351038                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | Country                                                                                                      |                                                       | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                      |  |
| 6. Name and Address of Current Registered Agent<br>Daniel L. DeCubellis<br>DeCubellis & Meeks<br>837 Garland Avenue<br>Orlando, FL 32801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                              |                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                                              |                                                       |                                                                                                                               |  |
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee |                                                       |                                                                                                                               |  |
| 11. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                                              | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Vice President<br>Crabtree, Olin<br>2405 W. Herman Street<br>Pensacola, FL |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dougherty, John W., DP<br>1730 Diplomacy Row<br>Orlando, FL                |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Giordano, Luann, S T<br>1730 Diplomacy Row<br>Orlando, FL                  |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Pointer, James S., VP<br>1730 Diplomacy Row<br>Orlando, FL                 |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |  |
| 13. I hereby certify that the information supplied with this filing complies with 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 and name 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 206, 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: <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | John Dougherty, Pres.                                                                                        |                                                       |                                                                                                                               |  |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | Date                                                                                                         |                                                       | Daytime Phone #                                                                                                               |  |

CR2E034 (9/99)

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2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 757671 81523A

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 61.25

ORDER DATE : July 10, 2000

ORDER TIME : 4:16 PM

ORDER NO. : 757671-005

CUSTOMER NO: 81523A

CUSTOMER: Ms. Betty Kay Czajkowski  
Decubellis & Meeks  
837 North Garland Avenue

Orlando, FL 32801

ANNUAL REPORT FILING

NAME: PROFORMANCE PLASTERING OF  
PENSACOLA, INC

RECEIVED  
00 JUL 18 PM 4:38  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT (AMENDED)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: \_\_\_\_\_