


**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90077 004 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P96000006920**

1. Entity Name  
**CORAL PLASTERING & WALL SYSTEMS, INC.**



33041404

Principal Place of Business  
 110 SE 41ST TERRACE  
 CAPE CORAL FL 33904

Mailing Address  
 110 SE 41ST TERRACE  
 CAPE CORAL FL 33904



2. Principal Place of Business  
**3801 SAND RD**

3. Mailing Address  
**3801 SAND RD**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**CAPE CORAL FL**

City & State  
**CAPE CORAL FL**

Zip  
**33993** Country  
**LCC**

Zip  
**33993** Country  
**LCC**

4. FEI Number **65-0636963** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALSPAUGH, TONI M**  
**110 SE 41ST TERRACE**  
**CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3801 SAND RD**

City  
**CAPE CORAL FL** Zip Code  
**33993**

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 \_\_\_\_\_

**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>D</b> <input type="checkbox"/> Delete <b>ALSPAUGH, TONI M</b> <b>110 SE 41ST TERRACE</b> <b>CAPE CORAL FL 33904</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3801 Sand Rd</b> <b>Cape Coral, FL 33993</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ALSPAUGH, GREGORY</b> <b>110 SE 41ST TERRACE</b> <b>CAPE CORAL FL 33904</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3801 Sand Rd</b> <b>Cape Coral, FL 33993</b>
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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

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: **X SIGNATURE REQUIRED** \_\_\_\_\_ Date **5-13-03** Daytime Phone # **239-283-8000**

CR2E034 (10/02)