2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P96000056126

1. Entity Name

ALL FLORIDA PLASTERING, INC.



FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90111 040 ***150.00

116 TAYLOR BOSTWICK F			Mailing Address POST OFFICE BOX 26 BOSTWICK FL 32007						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				IF MAKING (CHANGES		
City & State		City & State		4.	4. FEI Number 59-3385555 Applied For				
Zip Country		try	Zip	Country	5.	Certificate of Status Desired	\$	8.75 Add	
	6. Name and Ad	dress of Current R	legistered Agent	1	7 1	Name and Address of New R		<u> </u>	-
			- , ,	Name		valle and Address of New A	egisterad võ	em	
RAGGS 1	DAWN R								
BAGGS, DAWN R 116 TAYLOR ROAD				Street A	ddress (P.O. B	ox Number is Not Acceptable	:)		
	•			-					
ROSTWIC	K FL 32007								
				City			FL	Zip Cod	e
8. The above	named entity submit	this statement for t	the purpose of changing its	n rogistored effice or	ranistarad an	ent, or both, in the State of Flo		. 11	
the obligat	tions of registered age	ent.	and purpose of changing its	s registered office of	registered ag	ent, or both, in the state of Fig	anda. Tamilar	nıllar witn,	and accept
SIGNATURE .	Signature, typed or printed o	ame of registered agent and	d title it applicable (NOT	FE: Registered Agent signatu	vo con lead when a				}
			d title it applicable. (1901	ic. negistered Agent signatt	ira required when re	instating)	DATE		
After	ILE NOW!!! FEE May 1, 2003 Fee to Payable to Florida	IS \$150.00 vill be \$550.00	2	ic. negistelet Agent signatu	re required when re	9. Election Campaign Fin Trust Fund Contribution	ancing	\$5.0 Added	O May Be I to Fees
After	ILE NOW!!! FEE May 1, 2003 Fee v	IS \$150.00 vill be \$550.00	State	11.		9. Election Campaign Fin	eancing n. 🗀	Added	I to Fees
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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED

☐ Delete

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

☐ Addition