

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065421

1. Entity Name

VIRGINIA & COMPANY STUCCO, INC

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90031 014 ***150.00

Principal Place of Business

Mailing Address

326 W COMANCHE AVE
TAMPA FL 33604

326 W COMANCHE AVE
TAMPA FL 33614-2751

911737



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3402 Pico DR

3. Mailing Address

3402 Pico DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3397064

Applied For
Not Applicable

Zip

33614

Country

HILLS

Zip

33614

Country

HILLS

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VERGARA, VIRGINIA

326 W COMANCHE AVE

TAMPA FL 33604

7. Name and Address of New Registered Agent

Name

VERGARA, VIRGINIA

Street Address (P.O. Box Number is Not Acceptable)

3402 Pico DR

City

TAMPA

FL

Zip Code

33614

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/00

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
VERGARA, VIRGINIA
326 W COMANCHE AVE
TAMPA FL 33604

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LEON, JORGE
326 W COMANCHE AVE
TAMPA, FL 33604

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/00