

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/1/01

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90055 024 \*\*\*150.00

DOCUMENT # P96000085813

1. Entity Name  
**PAUL & BROTHERS STUCCO, INC.**

Principal Place of Business

**13 B STUCCO  
JACKSONVILLE FL 32206**

Mailing Address

**1333 HAINES STREET  
JACKSONVILLE FL 32224**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3405897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOROZOV, VLADIMIR  
12030 ANTIBES STREET JACKSONVILLE, FL 32224**

Name

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

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MOROZOV, VLADIMIR</b>	<b>PRESIDENT</b>
STREET ADDRESS	<b>12030 ANTIBES STREET</b>	<b>1333 Haines St.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32224</b>	<b>Jacksonville, FL 32206</b>
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>Paly, Pavel</b>	<b>SECRETARY</b>
STREET ADDRESS	<b>443 Nausetuck Dr.</b>	<b>1333 Haines St</b>
CITY - ST - ZIP	<b>Jacksonville, FL 32225</b>	<b>Jacksonville, FL</b>
TITLE	<b>Paly, Eugene</b>	<input type="checkbox"/> Delete
NAME	<b>DIRECTOR</b>	
STREET ADDRESS	<b>3875 S. San Pablo #518</b>	<b>1333 Haines St.</b>
CITY - ST - ZIP	<b>Jacksonville, FL 32224</b>	<b>Jacksonville, FL</b>
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 #

**2 23 01 904/759-6199**

CR2E034 (10/00)