

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90010 036 ***150.00

DOCUMENT # P97000024086

1. Entity Name

DESIGN STUCCO, INC.

Principal Place of Business

**3231 13TH AVE. SW
NAPLES FL 33964**

Mailing Address

**3231 13TH AVE. SW
NAPLES FL 33964**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0691621

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

**NORRIS, JOSHUA
3231 13TH AVE. SW
NAPLES FL 33964**

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

Josh Norris

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

(NOTE: Registered Agent signature required when reinstating)

1/14/02

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, 2002 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 **VP** ☐ Delete
NAME **KIGHT, FRED**
STREET ADDRESS **371 4TH ST NE**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **VP** ☒ Change ☐ Addition
NAME **Fred Kight**
STREET ADDRESS **371 4th St. NE**
CITY-ST-ZIP **NAPLES, FL 34120**

TITLE **S** ☐ Delete
NAME **NORRIS, DOUGLAS**
STREET ADDRESS **3231 13 AVE SW**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **P** ☒ Change ☐ Addition
NAME **Douglas Norris**
STREET ADDRESS **3231 13th Ave SW**
CITY-ST-ZIP **NAPLES, FL 34117**

TITLE **P** ☐ Delete
NAME **NORRIS, JOSHUA**
STREET ADDRESS **9790 11TH AVE SW**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **S** ☒ Change ☐ Addition
NAME **Joshua Norris**
STREET ADDRESS **3160 4th St NE**
CITY-ST-ZIP **NAPLES, FL 34120**

TITLE **T** ☐ Delete
NAME **EDOUARD, JAQUES**
STREET ADDRESS **205 MANNER BLVD, APT #1201**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 *941-643-2448*

Date

Daytime Phone #

CR2E034 (9/01)