2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000033312 **DOCUMENT #**

1. Entity Name

SIGNATURE:

CHICO'S CERTIFIED STUCCO, INC.



FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90127 019 ***150.00

Principal Place of Business 13842 BELVIN COURT ORLANDO FL 32826		Mailing Address 13842 BELVIN COURT ORLANDO FL 32826						
2. Principal Place of Business		3. Mailing Address					edio: iik ed kii	84 44 918 1401 1807
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State	е	City & State			4. F	59-3438221		Applied For Not Applicable
Zìp	Country	Zip	Cour	ntry	5. 0	Certificate of Status Desired	\$8.75 A Fee Requ	
6. Name and Address of Current Registered Agent				Name	.7. N	lame and Address of New Registe	ered Agent	
HERNANDEZ, JESUS M 13842 BELVIN COURT				Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32826				City			Zip Ci	ode
1								
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 Signature, typed or printed name of registered agent and title if applicable. (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						Election Campaign Financin Trust Fund Contribution.		.00 May Be ded to Fees
10.	OFFICERS AND DIRECTORS 1				AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	PS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JESUS M 13842 BELVIN COURT ORLANDO FL 32826	☐ Delete				,	☐ Changi	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4	□ .Delete				Salan a sagraguay	Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Chang	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	e
12. I hereby of indicated of the corrections of the	pertify that the information supplied with on this report or supplemental uport is poration or the receiver or trunce emp or on an attachment with an address,	n this filing does not qualify for s true and accurate and that r owered to execute this report with all other like empowered.	r the exe ny signa as requi	mption stated in S ture shall have the red by Chapter 60	ection 1 same le 7, Floric	19.07(3)(i), Florida Statutes. I furthe egal effect as if made under oath; the la Statutes; and that my name appe	er certify that the hat I am an offic ears in Block 10	er or director or Block 11 if