

DOCUMENT # P97000036403

1. Entity Name

EMPIRE STUCCO, INC.

Principal Place of Business

Mailing Address

17 NANCY LEE AVENUE  
ORLANDO FL 32807

17 NANCY LEE AVENUE  
ORLANDO FL 32807-1730

FILED

00 FEB 24 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Empire Stucco, Inc

17 Nancy Lee Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

17 Nancy Lee Ave

Orlando, Florida

City & State

City & State

Orlando Florida

Orlando, Florida

Zip

Country

Zip

Country

32807 Orange

32807 Orange

4. FEI Number 59-3445274

☒ 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

RAMOS, JESUS F  
17 NANCY LEE AVENUE  
ORLANDO FL 32807

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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 PD ☐ Delete  
NAME RAMOS, JESUS F  
STREET ADDRESS 17 NANCY LEE AVENUE  
CITY-ST-ZIP ORLANDO FL 32807

TITLE VD ☐ Delete  
NAME RAMOS, SALVADOR  
STREET ADDRESS 17 NANCY LEE AVE  
CITY-ST-ZIP ORLANDO FL 32807

TITLE SD ☐ Delete  
NAME RAMOS, ILEANA  
STREET ADDRESS 17 NANCY LEE AVE  
CITY-ST-ZIP ORLANDO FL 32807

TITLE TD ☒ Delete  
NAME NUNEZ, MARIA L  
STREET ADDRESS 17 NANCY LEE AVE  
CITY-ST-ZIP ORLANDO FL 32807

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 500003171555-4  
STREET ADDRESS -03/15/00-01101-004  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

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

TITLE ☒ Change ☐ Addition  
NAME 30 Ramos Ileana  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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)(j), 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)