

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036403

1. Entity Name
EMPIRE STUCCO, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90088 012 ***158.75

Principal Place of Business

Mailing Address

~~17 NANCY LEE AVENUE~~
~~ORLANDO FL 32807~~

~~17 NANCY LEE AVENUE~~
~~ORLANDO FL 32807~~

310 S. Dillard St #210
Winter Garden, FL 34787

same

2. Principal Place of Business

3. Mailing Address

310 S. Dillard St

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

← →

City & State

City & State

Winter Garden, FL

Zip

Country

Zip

Country

34787

Orange

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 Iliana Ramos

1/11/01

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, 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	PD	<input type="checkbox"/> Delete
NAME	RAMOS, JESUS F	
STREET ADDRESS	17 NANCY LEE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAMOS, SALVADOR	
STREET ADDRESS	17 NANCY LEE AVE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMOS, ILIANA	
STREET ADDRESS	17 NANCY LEE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	310 S. Dillard St #210
CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	310 S. Dillard St #210
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STREET ADDRESS	310 S. Dillard St #210
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

1/11/01 (407) 656-9884

Date

Daytime Phone #

CR2E034 (10/00)