

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90088 012 ***150.00

DOCUMENT # P97000036403

1. Entity Name
EMPIRE STUCCO, INC.

Principal Place of Business

310 S DILLARD ST
210
WINTER GARDEN FL 34787

Mailing Address

310 S DILLARD ST
210
WINTER GARDEN FL 34787

2. Principal Place of Business

310 S. Dillard St
 Suite, Apt. #, etc.
210

3. Mailing Address

310 S. Dillard St.
 Suite, Apt. #, etc.
210

City & State
Winter Garden FL

Zip
34787

Country
Orange

City & State
Winter Garden, FL

Zip
34787

Country
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

RAMOS, JESUS F
17 NANCY LEE AVENUE
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name
Ramos, Jesus F
Street Address (P.O. Box Number is Not Acceptable)
310 S. Dillard St #210
City
Winter Garden FL
Zip Code
34787

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMOS, JESUS F	
STREET ADDRESS	310 S DILLARD SR 210	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAMOS, SALVADOR	
STREET ADDRESS	310 S DILLARD ST 210	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMOS, ILIANA	
STREET ADDRESS	310 S DILLARD ST 210	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/01 (407)656-9884

Date

Daytime Phone #

CR2E034 (9/01)