

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90338 032 ***150.00

0601305 AV

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**

11036018



2. Principal Place of Business
310 S Dillard St

3. Mailing Address
310 S Dillard St #210

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
#210

☐ CHECK HERE IF MAKING CHANGES

City & State
Winter Garden FL

City & State
Winter Garden, FL

4. FEI Number
59-3445274

Applied For
☐ Not Applicable

Zip
34787

Country
US

Zip
34787

Country
US

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
310 S DILLARD ST #210
WINTER GARDEN FL 34787**

Name **Ramos, Jesus F.**
Street Address (P.O. Box Number is Not Acceptable)
Same
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title, 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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **RAMOS, JESUS F**
CITY-ST-ZIP **310 S DILLARD SR 210
WINTER GARDEN FL 34787**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **RAMOS, SALVADOR**
CITY-ST-ZIP **310 S DILLARD ST 210
WINTER GARDEN FL 34787**

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **RAMOS, ILIANA**
CITY-ST-ZIP **310 S DILLARD ST 210
WINTER GARDEN FL 34787**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 03
Date

Daytime Phone #

CP2E034 (10/02)