

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036988

1. Entity Name

IMPERIAL PLASTERING, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90131 036 ***150.00

Principal Place of Business

108 EAST PINELOCH AVENUE
ORLANDO FL 32806

Mailing Address

108 EAST PINELOCH AVENUE
ORLANDO FL 32806-5421

2. Principal Place of Business

Orlando

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3446126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUSAKOS, JUZ MARINA
3400 CRYSTAL LAKE DR.
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

JUSAKOS, JUZ MARINA

Street Address (P.O. Box Number is Not Acceptable)

3400 Crystal Lake Dr.

City

Orlando

FL

Zip Code

32806

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 ☐ Delete

D
NAME JUSAKOS, JUAN
STREET ADDRESS 2505 SOUTH THORNTON AVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Delete

PD
NAME JUSAKOS, JUAN
STREET ADDRESS 3400 CRISTOL LAKE DR
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Delete

VP
NAME JUSAKOS, LUZ MARINA
STREET ADDRESS 3400 CRYSTAL LAKE DR.
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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
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

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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Luz Marina Jusakos 1-27-99

CR2E034 (9/99)