2000 UNIFORM BUSINESS REPORT (UBR) Mar 03, 2000 8:00 am DOCUMENT # P97000053551 **Secretary of State** ABSOLUTE PLASTERING, INC. 03-03-2000 90248 043 ***150.00 Mailing Address Principal Place of Business 1723 -3 PARKMEADOWS DRIVE 1723-3 PARKMEADOWS FT MYERS FL 33907-3701 APT 3 FT MYERS FL 33907 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0706010 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FURLONG, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 1723 -3 PARKMEADOWS DRIVE FT MYERS FL 33907 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. resident ☐ Addition TITLE NAME FURLONG, MICHAEL J STREET ADDRESS STREET ADDRESS 1723 -3 PARKMEADOWS DRIVE CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33907 Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE NAME ie for NAME STREET ADDRESS STREET ADDRESS CITY=ST=ZIP CITY-ST-ZIP-☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 🗌 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

NAME

STREET ADDRESS

CITY-ST-ZIP

FUCTONG 2-25.009