

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000055751****1. Entity Name**
PRESTIGE PLASTERING, INC.**Principal Place of Business**
726 CENTRAL PARK BLVD
PORT ORANGE FL 32127
US**Mailing Address**
726 CENTRAL PARK BLVD
PORT ORANGE FL 32127
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3455446

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****BOWEN, DARRELL**
726 CENTRAL PARK BLVD
PORT ORANGE FL 32127**7. Name and Address of New Registered Agent**Name **DARRELL BOWEN**

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

726 CENTRAL PARK BLVD.City **PORT ORANGE****FL**Zip Code **32127****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****DARRELL BOWEN PRES****1/8/2001**

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	DP			<input checked="" type="checkbox"/>
	BOWEN, DARRELL			
	3570 MONUMENT DR			
	DELTONA FL 32738			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	DARRELL BOWEN			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	726 CENTRAL PARK BLVD				
	PORT ORANGE FL 32127				
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/00)

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:****DARRELL BOWEN PRES 1/8/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90049 016 ***150.00



DO NOT WRITE IN THIS SPACE