

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90084 050 ***150.00

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DOCUMENT # P97000058715

1. Entity Name

UNION PLASTERING, INC.

Principal Place of Business

**6690 CREST RIDGE LOOP., #1413
 FT MYERS FL 33912**

Mailing Address

**P.O. BOX 6892
 FORT MYERS FL 33911**

2. Principal Place of Business

18395 FERN RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Myers

City & State

Fla

Zip

33912

Country

USA

Zip

Country

4. FEI Number

65-0750931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

RONIQUE LOUIS, JEAN

6690 CREST RIDGE LOOP., #1413

FT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

Jean Ronique Louis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-30-02

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **RONIQUE LOUIS, JEAN**
 CITY-ST-ZIP **6690 CREST RIDGE LOOP., #1413
 FT MYERS FL 33912**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **SMITH, LUBERISSE**
 CITY-ST-ZIP **5650 6TH AVE
 FT. MYERS FL 33907**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **LOUIS, MERCEDES**
 CITY-ST-ZIP **212 N. B. ST
 LAKE WORTH FL 33460**

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 **(Correction)**
 STREET ADDRESS **JEAN RONIQUE LOUIS**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 NAME
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 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:

Jean Ronique Louis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-02

Date

Daytime Phone #

CR2E034 (9/01)