## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P97000061452 **DOCUMENT #**

1. Entity Name
TJ POOL PLASTERING, INC.



## **FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 90705 045 \*\*\*150.00

Principal Plac 2758 SANDW WINTER PAR		Mailing Address 2758 SANDWELL DRIVE WINTER PARK FL 32792				11001000		
2. Principal Place of Business		3. Mailing Address					OUT OURS HYDE LOOK	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State				39-343037U <del> </del> →	Applied For Not Applicable	
Zip	Country	Zip .	Count	ry		5. Certificate of Status Desired  Fee Requ		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
THURMAI			Street Address		ddress (P.	(P.O. Box Number is Not Acceptable)		
	ANDA AVE							
ORLANDO FL 32807								
				City		FL   Zip Ci	ode	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
							.00 May Be led to Fees	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 11	
TITLE *•	D THURDHAMI TONIV	· Delete	TITLE		<u>P</u>	Chang	e 🔲 Addition	
NAME	THURMAN, TONY 2758 SANDWELL DRIVE		NAME		7 5/19	y Thurman 8 Sandwell Dr		
STREET ADDRESS CITY-ST-ZIP	WINTER PARK FL 32792			T ADDRESS ST-ZIP	275 W:1			
TITLE		Delete	TITLE		VP 1	ter Park F1 32792	e <b>V</b> Addition	
NAME		LL Delete	NAME			rardo L. Rodriguez	* **	
STREET ADDRESS			STREE	T ADDRESS	ans	8 Sandwell Da		
CITY-ST-ZIP	3 y 48		CITY-	ST-ZIP	Win	Her Park, F1. 32192		
TITLE		Delete	TITLE	, 1		□ Change	Addition	
NAME			NAME		,- ,-	inuel E. Richardson		
STREET ADDRESS CITY-ST-ZIP				T ADDRESS   ST-ZIP	27.58			
	<del></del>			31-211	W:U		N Addition	
TITLE NAME		☐ Delete	TITLE		\$	Change	Addition	
STREET ADDRESS				T ADDRESS	275	8 Sandwell DC		
CITY-ST-ZIP				ST-ZIP	ركريم	sick A. Walke 8 Sandwell Dr ter Park, FL 32792		
TITLE		□ Delete	TITLE		<u> </u>	☐ Change	Addition	
NAME		_ 55/66	NAME		,			
STREET ADDRESS			STREE	T ADDRESS	i		)	
CITY-ST-ZIP			CITY-	ST-ZIP				
TITLE	. ,	☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS	/		1	T ADDRESS				
CITY-ST-ZIP			CITY-	ST-ZIP	. <u></u>	<del></del>		
<ol><li>I hereby of indicated</li></ol>	ertify that the information supplied with	this filing does not qualify for	the exen	nption state	ed in Secti	tion 119.07(3)(i), Florida Statutes. I further certify that the	e 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

767 678 9/14