

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008621

1. Entity Name

OCALA PLASTERING, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90001 029 ***150.00

Principal Place of Business

8160 N.W. 46TH ST.
OCALA FL 34482

Mailing Address

8160 N.W. 46TH ST.
OCALA FL 34482-2009

2. Principal Place of Business

3. Mailing Address

P.O. Box 770355

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala FL 34477

Zip

Country

Zip

Country

4. FEI Number 59-3511897

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARET, RONALD G.
8160 N.W. 46TH ST.
OCALA FL 34482

7. Name and Address of New Registered Agent

Name

Maret, Ronald G.

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

1844 SE 14th Avenue

City

Ocala

FL

Zip Code

34471

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MARET, RONALD G
CITY-ST-ZIP 8160 N.W. 46TH ST.
OCALA FL 34482

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WELCH, JAMES
CITY-ST-ZIP 716 N.E. 3RD STREET
BOYNTON BEACH FL 33435

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

352) 867-1596

Daytime Phone #