: 2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000031299 Feb 29, 2000 8:00 am **Secretary of State** BLAIR PLASTERING & STUCCO, INC. 02-29-2000 90192 021 ***150.00 Principal Place of Business Mailing Address P.O. BOX 131 P.O. BOX 131 FERNDALE FL 34729-0131 FERNDALE FL 34729-0131 3. Mailing Address Principal Place of Business WruLANE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3505974 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLAIR, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 15713 HICKORY LANE FERNDALE FL 34729 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition ☐ Delete TITLE TITLE BLAIR, WILLIAM J NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 131 CITY-ST-ZIE CITY-ST-ZIP FERNDALE FL 34729-0131 Change Addition TITI F ☐ Delete TITLE BLAIR, JEAN H P.O. BOX 131 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERNDALE FL 34729-0131 ☐ Delete ☐ Change Addition TITLE NAME 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.