

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093051

1. Entity Name

CMA PLASTERING INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90039 036 \*\*\*550.00

Principal Place of Business  
10119 SUNSHINE DRIVE  
BONITA SPRINGS FL 34135

Mailing Address  
10119 SUNSHINE DRIVE  
BONITA SPRINGS FL 34135-5038

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
10119 Sunshine Drive  
Suite, Apt. #, etc.

City & State  
Bonita Springs FL

Zip  
34135

4. FEI Number 65-0871944

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



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

ASHKER, CHRISTOPHER  
10119 SUNSHINE DRIVE  
BONITA SPRINGS FL 34135

## 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 \_\_\_\_\_ (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

TITLE	PT	<input type="checkbox"/> Delete
NAME	ASHKER, CHRISTOPHER	
STREET ADDRESS	10119 SUNSHINE DR.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NAUARA JAMES, TIR	
STREET ADDRESS	10119 SUNSHINE DR.	
CITY-ST-ZIP	BONITA SPRING FL 34135	
TITLE	S	<input type="checkbox"/> Delete
NAME	POPIOLEK, CASEY	
STREET ADDRESS	1942 BEACH PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

**RECEIVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-00 (94)992-1745  
Date Daytime Phone #

CR2E034 (1/93)