

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90392 022 ***150.00

DOCUMENT # P98000106843

1. Entity Name

STUCCOMAN, INC.

Principal Place of Business

**4645 FENTON WAY
 NEW PORT RICHEY FL 34652**

Mailing Address

**4645 FENTON WAY
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business

4645 Fenton Way, NPR

3. Mailing Address

4645 Fenton Way, NPR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

34652

Country

USA

Zip

34652

Country

USA

4. FEI Number

65-0889418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CLUFF, SCOTT
 7220 EMBASSY BLVD.
 PORT RICHEY FL 34668**

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

Collena Morganti, Collena Morganti - treasurer

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, 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 **DP**
 STREET ADDRESS **MORGANTI, PAUL**
 CITY-ST-ZIP **4645 FENTON WAY
 NEW PORT RICHEY FL 34652**

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **MORGANTI, COLLENA M**
 CITY-ST-ZIP **4645 FENTON WAY
 NEW PORT RICHEY FL 34652**

TITLE ☒ Delete
 NAME **DVP**
 STREET ADDRESS **BALDRIDGE, MICHAEL E**
 CITY-ST-ZIP **10816 HAZEL LANE
 HUDSON FL 34669**

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **SHUGRUE, BARRY**
 CITY-ST-ZIP **13509 GREENLEAF DRIVE
 TAMPA FL 33613**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **CLUFF, SCOTT**
 CITY-ST-ZIP **7220 EMBASSY BLVD.
 PORT RICHEY FL 34668**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Collena Morganti, Collena Morganti, 4-2-02 727-817-0898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (9/01)