

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107144

1. Entity Name

TERRANCE VITALIS STUCCO INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90113 032 ***158.75

Principal Place of Business

Mailing Address

CENTRAL ORLANDO
ORLANDO FL 32805
US

28 SOUTH ORTMAN DRIVE. #A
ORLANDO FL 32805-1955
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3557209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VITALIS, TERRANCE
28 SOUTH ORTMAN DRIVE, #A
ORLANDO FL 32805

Name

TERRANCE VITALIS

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

28 SOUTH ORTMAN DR

City

ORLANDO

FL

Zip Code

32805

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-30-00

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 VITALIS, TERRANCE
CITY-ST-ZIP 28 SOUTH ORTMAN DRIVE, #A
ORLANDO FL 32805

TITLE ☐ Change ☐ Addition
NAME TERRANCE VITALIS
STREET ADDRESS STUCCO INC
CITY-ST-ZIP TERRANCE VITALIS
28 SOUTH ORTMAN DR APT A
ORLANDO FL 32805

TITLE ☒ Delete
NAME MATTHEW, DENNIE
STREET ADDRESS 3205 ORANGE CENTER BLVD.
CITY-ST-ZIP ORLANDO FL 32805

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

TITLE ☒ Delete
NAME CHARLEMAGNE, GREGORY
STREET ADDRESS 3205 ORANGE CENTER BLVD.
CITY-ST-ZIP ORLANDO FL 32805

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)