

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 9800107144 ATTENDED

1. Entity Name
TERRANCE VITALIS STUCCO INC.

Principal Place of Business Mailing Address SAME
28 SOUTH ORTMAN DRIVE, #A
ORLANDO, FL 32805

FILED
00 MAY 23 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **59-3357209** 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
TERRANCE VITALIS
28 SOUTH ORTMAN DR., A
ORLANDO, FL 32805

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

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	P.	<input type="checkbox"/> Delete
NAME	TERRANCE VITALIS	
STREET ADDRESS	28 SOUTH ORTMAN DRIVE #A	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	D.	<input checked="" type="checkbox"/> Delete
NAME	DENNIE MATTHEW	
STREET ADDRESS	3205 ORANGE CENTER BLVD	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	D.	<input checked="" type="checkbox"/> Delete
NAME	GREGORY CHARLEMAGNE	
STREET ADDRESS	3205 ORANGE CENTER BLVD	
CITY-ST-ZIP	ORLANDO, FL 32805	
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	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROVITO CROSS	
STREET ADDRESS	4448 MALIBU ORLANDO FL	
CITY-ST-ZIP	32805	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY DULAIRE	
STREET ADDRESS	38 SOUTH ORTMAN DR. APT E #	
CITY-ST-ZIP	ORLANDO FL 32805	
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: TERRANCE VITALIS 5/2/00 (407) 293-5204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

SP