

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90035 014 ***150.00

DOCUMENT # P99000004222

1. Entity Name

R & R QUALITY STUCCO, INC.

Principal Place of Business

**1269 MCGREGOR ROAD
 DELAND FL 32720**

Mailing Address

**1269 MCGREGOR ROAD
 DELAND FL 32720**

2. Principal Place of Business

2879 Hwy 11
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 3329
 Suite, Apt. #, etc.

City & State

Deland FL

City & State

Deland FL

4. FEI Number

59-3549981

Applied For

Not Applicable

Zip

32724

Country

USA

Zip

32721

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ANDRECHECK, ROBERT
 1269 MCGREGOR ROAD
 DELAND FL 32720**

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

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 **D** ☐ Delete
 NAME **ANDRECHECK, ROBERT**
 STREET ADDRESS **1269 MCGREGOR ROAD**
 CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **ANDRECHECK, ROBERT**
 STREET ADDRESS **2879 Hwy 11**
 CITY-ST-ZIP **Deland FL 32724**

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

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

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 NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 386-8049466
 Date Daytime Phone #

0073744 AV

CR2E034 (9/01)