2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000022368 May 16, 2000 8:00 am Secretary of State EXTERIOR STUCCO DESIGN, INC. 02-04-2000 90009 017 ***150.00 Principal Place of Business Mailing Address 3705 SAVANNAHS TRAIL 3705 SAVANNAHS TRAIL MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953-8631 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3560522 Not Applicable Zip Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **DISMORE-CLARK, DENISE** Street Address (P.O. Box Number is Not Acceptable) 3705 SAVANNAHS TRAIL MERRITT ISLAND FL 32953 City Zio Code Fl B. 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 of printed name of registered egept and little it applicable (NOTE: Registered Agent signature required DATE iostatno) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intambible **-10.**-Election:Campaign Financing \$5.00 May Be -Tax.filing:requirement and elects to do so: After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE TITLE ☐ Change Delete DISMORE-CLARK, DENISE NAME NAME 3705 SAVANNAHS TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZP MERRITT ISLAND FL 32953 CITY-ST-ZIP D TITLE Delete TITLE Change Maddition CLARK, JAMES T NAME NAME STREET ADDRESS 3705 SAVANNAHS TRAIL STREET ADDRESS CITY-ST-2IP MERRITT ISLAND FL 32953 CITY-ST-ZIP B ☐ Change ■ Addition TITLE Delete TITLE TUCK, JOHN NAME NAME STREET ADDRESS 3705 SAVANNAHS TRAIL STREET ADDRESS **MERRITT ISLAND FL 32953** CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Defete TITLE ROBERT NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP **2953** ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 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.