## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # P99000029002 ALL-PRO STUCCO & PLASTERING, INC. 05-04-2001 90054 039 \*\*\*150.00 Principal Place of Business Mailing Address 636 96TH AVENUE NORTH 636 96TH AVENUE NORTH NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address 9625 6+5 St. M 9625 6th 5+ Y Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0910850 Not Applicable <u>Y N a plus</u> Maples Country Country \$8.75 Additional 5. Certificate of Status Desired 34108 Collier 801PE Colleer Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LA GRASTA, IGNAZIO Street Address (P.O. Box Number is Not Acceptable) 636 96TH AVENUE NORTH 9625 6世 St. 7 NAPLES FL 34108 Zip Code <u>8011/6</u> lapies 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PIV/SIT/D TITLE ☐ Delete TITLE CR2E034 (10/00) ☐ Addition NAME LA GRASTA, IGNAZIO LAGRASTA, IGNAZIO NAME 9625 6th St. M. STREET ADDRESS 636 96TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP Maples, FL 34108 TITLE X Delete TITLE Change Addition TASSI, ANTONIO NAME STREET ADDRESS 636 96TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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.

AME OF SIGNING OFFICER OR DIRECTOR