

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046087

1. Entity Name
SUNSTATE PLASTERING, INC.

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90368 041 ***150.00

Principal Place of Business

**280 LEMON BLUFF ROAD
OSTEEN FL 32764**

Mailing Address

**280 LEMON BLUFF ROAD
OSTEEN FL 32764**

970709

2. Principal Place of Business

P.O. Box 356

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 356

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Osteen FL

City & State

Osteen FL

4. FEI Number

59-3579034

Applied For

Not Applicable

Zip

32764

Country

Volusia

Zip

32764

Country

Volusia

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

**TAYLOR, DAWN MARIE
280 LEMON BLUFF ROAD
OSTEEN FL 32764**

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 *Dawn Marie Taylor*

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

(NOTE: Registered Agent signature required when reinstating)

4-26-01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DAWN MARIE 280 LEMON BLUFF ROAD OSTEEN FL 32764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 356 Osteen FL 32764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, FREDERIC S 280 LEMON BLUFF RD OSTEEN FL 32764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 356 Osteen FL 32764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dawn Marie Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

407-574-4685

Daytime Phone #

CR2E034 (10/00)