

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90110 002 ***150.00

DOCUMENT # P990000051488

1. Entity Name
A.B.C. STUCCO, INC.

00000100



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**14330 THOMPSON AVE
HUDSON FL 34669**

Mailing Address
**9300 REGENCY PARK BLVD
PORT RICHEY FL 34668**

2. Principal Place of Business
12916 ITHACA AVENUE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
HUDSON, FL

City & State

4. FEI Number **59-3577730**

Applied For
Not Applicable

Zip **34667** Country **PASCO**

Zip Country

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

**COMBAST, LEWIS
144330 THOMPSON AVE
HUDSON FL 34669**

Name
Street Address (P.O. Box Number is Not Acceptable)
12916 ITHACA AVENUE
City **HUDSON** FL Zip Code **34667**

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]*

4-25-01

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, 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 **P** ☐ Delete
NAME **COMBAST, LEWIS**
STREET ADDRESS **14330 THOMPSON AVE**
CITY-ST-ZIP **HUDSON FL 34669**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12916 ITHACA AVENUE**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **VP** ☐ Delete
NAME **HURLEY, THOMAS**
STREET ADDRESS **4237 BILOXI DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12922 ITHACA AVENUE**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **ST** ☐ Delete
NAME **COMBAST, PAMELA**
STREET ADDRESS **14330 THOMPSON AVE**
CITY-ST-ZIP **HUDSON FL 34669**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12916 ITHACA AVENUE**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 **(72) 862-8413**
Date Daytime Phone #

CR2E034 (10/00)