## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 17, 2002 8:00 am **DOCUMENT #** P99000080628 Secretary of State 1. Entity Name 02-17-2002 90091 029 \*\*\*150.00 FIRST CHOICE STUCCO, INC. Mailing Address Principal Place of Business 504 MUSSETT BAYOU RD. 504 MUSSETT BAYOU RD. SANTA ROSA BCH FL 32549 SANTA ROSA BCH FL 32549 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 59-3602493 Applied For City & State 4. FEI Number City & State 65-3992493 Not Applicable Country \$8.75 Additional Ζip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent newouners de of Matthew Specht WOTRING, JUNE L it Address (P.O. Box Number is Not Acceptable) 504 Mussett Bayou Rd. 460 DON BISHOP RD. 01-01-02 SANTA ROSA BCH FL MATTHEW Speckt Counce 332359 Santa Rosa Bch melocly specht (urfe) new contract ( or registered agent, or both, in the State of Florida. 8. The above named entity s SIGNATURE: DATE gnature required when reinstating) Signature, typed or 504 MUSSEH BOXOURD SANTAROUMBEL 50.00 9. This corporation is eligib 10. Election Campaign Financing \$5.00 May Be \$550.00 Tax filing requirement an Trust Fund Contribution. Added to Fees (See criteria on back) ent of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PL. 32459 President Change ☐ Addition TITLE Specht, Matthew NAME<sup>\*</sup> SPECHT, M 1-850-267-1794 STREET ADDRESS 504 Mussett Bayou Rd. **504 MUSSE** CITY-ST-ZIP SANTA ROS Santa Rosa Bch, FL 32459 **▼** Addition Change ☐ Delete TITLE Secretary-Treasurer NAME Specht, Melody STREET ADDRESS STREET ADDRESS 504 Mussett Bayou Rd. CITY-ST-ZIP-CITY-ST-ZIP-Santa Rose Bch. FL 32459 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

FILED

CR2E034 (9/01) -: