## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000083972** Apr 22, 2000 8:00 am Secretary of State A & G STUCCO, INC. 04-22-2000 90028 033 \*\*\*150.00 Mailing Address Principal Place of Business 4706 NORTHEAST 11TH AVENUE 4706 NORTHEAST 11TH AVENUE FORT LAUDERDALE FL 33334-3952 FORT LAUDERDALE FL 33334-3952 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional -5.-Certificate of Status Desired -- - 🗔 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREGORY, KATHERINE J Street Address (P.O. Box Number is Not Acceptable) 4706 NORTHEAST 11TH AVENUE FORT LAUDERDALE FL 33334-3952 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. PST Change Addition TITLE ☐ Delete TITLE Katherine J. Gregory NAME NAME STREET ADDRESS STREET ADDRESS 4706 Northeast 11th Avenue CITY-ST-ZIP CITY-ST-ZIP Fort Lauderdale, Florida 33334-3952 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Katherine J. Gregory

(954) 771-5828

Daytime Phone #