

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000094261**1. Entity Name  
**PARTRIDGE PLASTERING, INC.****Principal Place of Business**505 AVENUE A  
SUITE 102  
WINTER HAVEN  
33881 FL**Mailing Address**505 AVENUE A  
SUITE 102  
WINTER HAVEN  
33881 FL**2. Principal Place of Business**

7265 ONE HUNDRED TWENTY-SECOND WAY

**3. Mailing Address**

505 AVENUE A

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
SUITE 102**City & State**

SEMINOLE FL

**City & State**

WINTER HAVEN FL

Zip  
33772Country  
USZip  
33881

Country

**4. FEI Number**  
**59-3651391**Applied For  
Not Applicable**5. Certificate of Status Desired** ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HALL DOUG**  
505 AVENUE A  
SUITE 102  
WINTER HAVEN  
33881 FL**7. Name and Address of New Registered Agent****Name**

GOVONI BRIAN R

**Street Address (P.O. Box Number is Not Acceptable)**

505 AVENUE A

SUITE 102

City  
WINTER HAVEN

FL

Zip Code  
33881**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 BRIAN R. GOVONI****05/01/2001**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	PARTRIDGE PAUL	
STREET ADDRESS	42 LOCKINGTON CLOSE	
CITY-ST-ZIP	CHELLASTON, DERBY DE 73 1XD UK	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARTRIDGE PAUL		
STREET ADDRESS	7265 ONE HUNDRED TWENTY-SECOND WAY		
CITY-ST-ZIP	SEMINOLE, FL 33772		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: PAUL PARTRIDGE****PRES****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)