

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90054 049 ***150.00

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DOCUMENT # P99000094261

1. Entity Name

PARTRIDGE PLASTERING, INC.

Principal Place of Business

**7265 ONE HUNDRED TWENTY-SECOND WAY
 SEMINOLE FL 33772
 US**

Mailing Address

**505 AVENUE A
 SUITE 102
 WINTER HAVEN FL 33881**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7265 - 122ND WAY NORTH

Suite, Apt. #, etc.

City & State

SEMINOLE FL

Zip

33772

Country

US

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

**GOVONI, BRIAN R
 505 AVENUE A
 SUITE 102
 WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name

PAUL PARTRIDGE

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

7265 - 122ND WAY NORTH

City

SEMINOLE

FL

Zip Code

33772

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

3.22.02

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, 2002 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 **P** ☐ Delete
 NAME **PARTRIDGE, PAUL**
 STREET ADDRESS **7265 ONE HUNDRED TWENTY-SECOND WAY**
 CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.22.02 727 3931701

CR2E034 (9/01)