## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000105977** May 30, 2000 8:00 am Secretary of State PATRICK L. SMITH STUCCO, INC. 05-30-2000 90062 032 \*\*\*150.00 Mailing Address Principal Place of Business 408 GERALDINE STREET, S.W. 408 GERALDINE STREET, S.W. PALM BAY FL 32908 PALM BAY FL 32908 2. Principal Place of Business Mailing Address 5+.5W 08 Geralo DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Houlm Bo 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 'SMITH, PATRICK'L" Street Address (P.O. Box Number is Not Acceptable) 408 GERALDINE STREET, S.W. PALM BAY FL 32908 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 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE SMITH, PATRICK L NAME NAME STREET ADDRESS 408 GERALDINE STREET, S.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32908 Albert R George Chang 408 GeRaldine St. SW Palm Bay Fl. 32908 Delete TITLE TITLE NAME HAYES, KEITH H NAME STREET ADDRESS 408 GERALDINE STREET, S.W. STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32908 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME SMITH, MICHAEL D NAME STREET ADDRESS STREET ADDRESS 408 GERALDINE STREET, S.W. CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32908 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS 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:

| Purity | Signature and type or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #