

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**  
 04-21-2000 90036 011 \*\*\*150.00

**DOCUMENT # P99000108634**

1. Entity Name  
**E.J. STUCCO CORP**

Principal Place of Business <b>6008 STRAWBERRY LAKES CIRCLE                  LAKEWORTH FL 33463</b>	Mailing Address <b>6008 STRAWBERRY LAKES CIRCLE                  LAKEWORTH FL 33463</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6008 STRAWBERRY LAKES CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>6008 STRAWBERRY LAKES CIRCLE</b> Suite, Apt. #, etc.		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State <b>LAKE WORTH, FLA</b>		City & State <b>LAKE WORTH, FLA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip <b>33463</b>	Country <b>USA</b>	Zip <b>33463</b>	Country <b>USA</b>				
6. Name and Address of Current Registered Agent <b>JOSEPH, DIEULAIRE                  6008 STRAWBERRY LAKES CIRCLE                  LAKEWORTH FL 33463</b>				7. Name and Address of New Registered Agent Name: <b>ESTIVERNE, NOQUEL</b> Street Address (P.O. Box Number is Not Acceptable): <b>5966 TRIPHAMMER</b> City: <b>LAKE WORTH</b> FL Zip Code: <b>33463</b>			

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 \_\_\_\_\_ (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. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DIEULAIRE, JOSEPH 6008 STRAWBERRY LAKES CIRCLE LAKEWORTH FL 33463</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ESTIVERNE, NOQUEL 5966 TRIPHAMMER RD. LAKEWORTH FL 33463</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph Dieulaire 3/20/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)