

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90331 001 ***150.00

DOCUMENT # S42965

1. Entity Name

SUN COAST PLASTERING AND STUCCO OF CHARLOTTE COU

Principal Place of Business

Mailing Address

23415 JANICE AVE
 UNIT 26
 CHARLOTTE HARBOR FL 33983
 US

PO BOX DRAWER 511447
 PUNTA GORDA FL 33951
 US

2. Principal Place of Business

3. Mailing Address

23415 Janice Ave

Suite, Apt. #, etc.

Unit 27

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

4. FEI Number

65-0253161

Applied For

Not Applicable

Zip
 33980

Country
 US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HACKETT, JACK O II
 115 W OLYMPIA AVE
 PUNTA GORDA FL 33950

Name

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

City

FL

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME LOWE JAMES R
 STREET ADDRESS 31720 WASHINGTON LOOP RD
 CITY-ST-ZIP PUNTA GORDA FL

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

TITLE VD ☐ Delete
 NAME LOWE DIANE
 STREET ADDRESS 31720 WASHINGTON LOOP RD
 CITY-ST-ZIP PUNTA GORDA FL

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

TITLE TD ☐ Delete
 NAME SMITH, DOUGLAS
 STREET ADDRESS 27427 SUNSET DR
 CITY-ST-ZIP PUNTA GORDA FL

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

TITLE V ☒ Delete
 NAME CAPPS, GEORGE T 111
 STREET ADDRESS 4040 FLAMINGO BLVD
 CITY-ST-ZIP PORT CHARLOTTE FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2000 625-3150

Date

Daytime Phone #

CR2E034 (9/99)