

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90110 048 \*\*\*150.00

**DOCUMENT # S94427**

**1. Entity Name**  
**SOUTHERN PLASTERING, INC.**



**Principal Place of Business**  
**PO BOX 1855**  
**PINELLAS PARK FL 33780**  
**US**

**Mailing Address**  
**PO BOX 1855**  
**PINELLAS PARK FL 33780**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt., #, etc.

Suite, Apt., #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**4. FEI Number** **59-3092513**

Applied For  
Not Applicable

Zip

Country

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**

**STONE, EDGAR**  
**6948 80TH TERR. NO**  
**PINELLAS PARK FL 34665**

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. I am familiar with, and accept the obligation**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**STONE, EDGAR**  
**6948 80TH TER N**  
**PINELLAS PARK FL**  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**KOHNE, MARK**  
**8999 55TH ST N**  
**PINELLAS PARK FL**  
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**12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED STONE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-30-03 727-544-2148**

040003-1  
AV

CR2E034 (10/02)