

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00986

1. Entity Name

PROFESSIONAL PLASTERING & STUCCO, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90175 003 ***150.00

Principal Place of Business

Mailing Address

2920 STONEWALL PLACE
SANFORD FL 32773

2920 STONEWALL PLACE
SANFORD FL 32773-6400

603148



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

same
Suite, Apt. #, etc.

same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3094693

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

KING, DONNIE
RT. 1
BOX 121-G
SAN MATEO FL 32805

address change

Name: Donnie King
Street Address (P.O. Box Number is Not Acceptable): Rt 1 Box 188
City: Pomona PK- FL Zip Code: 32181

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-00

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: D ☐ Delete
NAME: KING, DONNIE
STREET ADDRESS: RT. 1, BOX 121-G Rt 1 Box 188
CITY-ST-ZIP: SAN MATEO FL Pomona PK- FL 32181

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00 401-322-4577
Date Daytime Phone #

CR2E034 (9/99)