

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 680117

1. Entity Name
S & H DRYWALL, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90170 029 ***150.00

Principal Place of Business
**3221 E. THOMAS STREET
INVERNESS FL 34453
US**

Mailing Address
**3221 E. THOMAS STREET
INVERNESS FL 34453-3242
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2571418**

Applied For
Not Applicable

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

**KRUEGER, JOSEPH
3221 E. THOMAS STREET
INVERNESS FL 34453**

Name **Danny J Suggs**
Street Address (P.O. Box Number is Not Acceptable) **3221 E Thomas St**
City **Inverness** **FL** Zip Code **34453**

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 *Danny J Suggs*
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/00
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 NAME STREET ADDRESS CITY-ST-ZIP	PST SCHLOSS, ROBERT M 8730 E. ITAINES COURT FLORAL CITY FL 32636 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRUEGER, JOSEPH M 3221 E. THOMAS STREET INVERNESS FL 34453 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENNETT, TERRY 3823 E. MAY COURT INVERNESS FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: *Danny J Suggs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 **352-344-1284**
Date Daytime Phone #

CR2E034 (9/99)