2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90431 015 ***150.00

DOCUMENT # L06631

1. Entity Name
ELITE DRYWALL OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
407 COMMERCE WAY 3A JUPITER FL 33458 US	407 COMMERCE WAY 3A JUPITER FL 33458 US

2. Principal Place of Business	3. Mailing Address
3147 Jupiter Park Circle	3147 Jupiter Park Circle
Suite, Apt. #, etc.: STE# 2	Suite, Apt. #, etc.: STE# 2
City & State: Jupiter, Fl,	City & State: Jupiter, Fl.
Zip: 33458 Country: P.B.	Zip: 33458 Country: P.B.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0145055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, TIMOTHY K ESQ.
LAW OFFICE OF TIMOTHY K. ANDERSON
631 US HWY ONE SUITE 408
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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 obligations of registered agent.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: TUFO, JAMES J STREET ADDRESS: ~~124 EAST HAMPTON WAY~~ CITY-ST-ZIP: JUPITER FL 33458	☐ Delete	☒ Change ☐ Addition TITLE NAME: Tufo, James J. STREET ADDRESS: 5316 Pennock Point Road CITY-ST-ZIP: Jupiter, Fl. 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #