

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 015 ***150.00

SECRETARY AV

DOCUMENT # P00000031982

1. Entity Name
MCCOY DRYWALL, INC.



Principal Place of Business
**6398 DANNER DRIVE
UNIT D
SARASOTA FL 34240**

Mailing Address
**5318 BARBAROSSA AVE.
SARASOTA FL 34235**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
**6398 DANNER DR.
UNIT D
SARASOTA, FL
34240**

Suite, Apt. #, etc.
City & State
Zip

Country
SARASOTA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MCCOY, CHARLES D
5318 BARBAROSSA AVE.
SARASOTA FL 34235**

7. Name and Address of New Registered Agent

Name
CHARLES D. MCCOY

Street Address (P.O. Box Number is Not Acceptable)
**6398 DANNER DRIVE
UNIT D**

City
SARASOTA

FL Zip Code
34240

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 _____ (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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCOY, CHARLES D 5318 BARBAROSSA AVE. SARASOTA FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCOY, PAMELA M 5318 BARBAROSSA AVE SARASOTA FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHARLES D. MCCOY 6398 DANNER DR., UNIT D SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAMELA M. MCCOY 6398 DANNER DR., UNIT D SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: CHARLES D. MCCOY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/25/03

Daytime Phone #

CFR2E034 (10/02)