

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90032 047 ***150.00

DOCUMENT # P92000007380

1. Entity Name
STULLER DRYWALL INC.

Principal Place of Business

**1412 NEW YORK AVE.
 PALM HARBOR FL 34683**

Mailing Address

**P.O. BOX 1018
 PALM HARBOR FL 34682**

2. Principal Place of Business

5551 HEREFORD DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

4. FEI Number

59-3140824

Applied For

Not Applicable

Zip

34655

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STULLER, VANESSA
 1412 NEW YORK AVE.
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name

LINDA CAPPELLO

Street Address (P.O. Box Number is Not Acceptable)

5551 HEREFORD DR

City

NEW PORT RICHEY

FL

Zip Code

34655

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

Linda Cappello

LINDA CAPPELLO

4-17-02

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE **D** ☒ Delete
 NAME **STULLER, VANESSA**
 STREET ADDRESS **1412 NEW YORK AVE.**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Delete
 NAME **STULLER, ROBERT**
 STREET ADDRESS **1412 NEW YORK AVE.**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME **LINDA CAPPELLO**
 STREET ADDRESS **5551 HEREFORD DR.**
 CITY-ST-ZIP **NEW PORT RICHEY, FL. 34655**

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

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

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

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:

Robert Stuller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

727 420-1278

Daytime Phone #

CR2E034 (9/01)