

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P93000044511</b>			
1. Entity Name <b>CHAPCO DRYWALL INC.</b>			
Principal Place of Business 4554 N HATUS ROAD SUNRISE, FL 33351		Mailing Address 4554 N HATUS ROAD SUNRISE, FL 33351	
2. Principal Place of Business <b>3133 FORTUNE WAY</b> Suite, Apt. #, etc. <b>SUITE 1</b>		3. Mailing Address <b>3133 FORTUNE WAY</b> Suite, Apt. #, etc. <b>SUITE 1</b>	
City & State <b>WELLINGTON, FL</b>		City & State <b>WELLINGTON, FL</b>	
Zip <b>33414</b> Country <b>USA</b>		Zip <b>33414</b> Country <b>USA</b>	
4. FEI Number <b>65-0455951</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LIPMAN, HOWARD R</b> 4449 WELLINGTON SHORES DR WELLINGTON, FL 33467		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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: <i>Frederica Lipman</i>		DATE: <i>3/24/03</i>	
<small>Signature, title or printed name of registered agent and filer if applicable. (NOTE: Registered Agent's signature required when changing.)</small>		<small>DATE</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPMAN, HOWARD R	NAME	
STREET ADDRESS	4449 WELLINGTON SHORES DR	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 33467	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPMAN, FREDERICA	NAME	
STREET ADDRESS	4449 WELLINGTON SHORES DR	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 33467	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: <i>Frederica Lipman</i>		DATE: <i>3/24/03</i>	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

CR20034 (1/02)