

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91528 025 ***150.00

DOCUMENT # P99000081469

1. Entity Name
PRODIGY DRYWALL SYSTEMS INC.

Principal Place of Business
6611 LAKESHORE LANE
APT. 824
FORT MYERS FL 33912

Mailing Address
6611 LAKESHORE LANE
APT. 824
FORT MYERS FL 33912



DO NOT WRITE IN THIS SPACE

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

59-3599977

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, PETER J
1105 FT. CLARKE BLVD. APT. 113
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

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

City

FL

Zip Code

ID # was changed to 301 9142

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

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, PETE	
STREET ADDRESS	8940 COLONNADES COURT EAST, APT 718	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MYERS, KEVIN W	
STREET ADDRESS	2912 HAWALASKA STREET	
CITY-ST-ZIP	LEHIGH ACRES FL 33941	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALI, ASIF N	
STREET ADDRESS	2008 RIVER RIDGE BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDIS, NYCHYK	
STREET ADDRESS	6611 LAKESHORE LANE, APT. 824	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, why all other like empowered.

SIGNATURE: *Peter Rodriguez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/02 Date
239-768-1240 Daytime Phone #

CR2E034 (9/01)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Proclisys Drywall Systems, Inc.

644075

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Levell Lakeshore Lane

Suite, Apt. #, etc.

823

City & State

Ft Myers FL

Zip

33912

Country

US

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

74-3019092

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Peter Jay Rodriguez

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

Levell Lakeshore Lane, # 823

City

Ft Myers

FL

Zip Code

33912

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

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>P</i>	TITLE	
NAME	<i>Peter Jay Rodriguez</i>	NAME	
STREET ADDRESS	<i>Levell Lakeshore Lane, # 823</i>	STREET ADDRESS	
CITY - ST - ZIP	<i>Ft. Myers, FL 33912</i>	CITY - ST - ZIP	
TITLE	<i>VP</i>	TITLE	
NAME	<i>Asif N. Ali</i>	NAME	
STREET ADDRESS	<i>2008 River Ridge Blvd.</i>	STREET ADDRESS	
CITY - ST - ZIP	<i>Ft. Myers FL 33905</i>	CITY - ST - ZIP	
TITLE	<i>Secretary</i>	TITLE	
NAME	<i>Brandis Rodriguez</i>	NAME	
STREET ADDRESS	<i>Levell Lakeshore Lane, # 823</i>	STREET ADDRESS	
CITY - ST - ZIP	<i>Ft. Myers FL 33912</i>	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Brandis Rodriguez *Brandis Rodriguez* *4/4/02* *239-708-1290*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)