

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000089540

1. Entity Name
STAR DRYWALL, INC.

Principal Place of Business 115A OLD DAYTONA RD. DELAND FL 32724	Mailing Address 115A OLD DAYTONA RD. DELAND FL 32724
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2. Principal Place of Business 306 N. DELAWARE AVE.	3. Mailing Address P.O. BOX 83
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Suite, Apt. #, etc. D-02	Suite, Apt. #, etc.
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City & State DELAND FL	City & State DELAND FL
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Zip 32720	Country	Zip 32721	Country
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4. FEI Number 59-3615132	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANDE ELLOIT SR
 115A OLD DAYTONA RD.

 DELAND FL 32724

7. Name and Address of New Registered Agent

Name
 SANDE ELLIOT SR
 Street Address (P.O. Box Number is Not Acceptable)
 P.O. BOX 83

 City
 DELAND FL Zip Code
 32721

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 ELLIOT SANDE, SR DATE 02/01/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PST SANDE ELLIOT SR 115A OLD DAYTONA RD. DELAND FL 32724 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SANDE ELLIOT SR 306 N. DELAWARE AVE. DELAND FL 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ELLIOT SANDE, SR OWNE 02/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)