

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2001 8:00 am
Secretary of State

07-16-2001 90003 014 ***558.75

DOCUMENT # 328799

1. Entity Name

AETNA DRYWALL CONTRACTORS, INC.

Principal Place of Business

**3061 N.W. 23RD TERRACE
 FT. LAUDERDALE FL 33311**

Mailing Address

**3061 N.W. 23RD TERRACE
 FT. LAUDERDALE FL 33311**

00073407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Steven J. Watkins

3. Mailing Address

c/o Steven J. Watkins

3061 N.W. 23rd Terrace

3061 N.W. 23rd Terrace

Ft. Lauderdale, Fla.

Ft. Lauderdale, Fla.

4. FEI Number **59-1206999**

Applied For
 Not Applicable

33311

Country

33311

Country

5. Certificate of Status Desired **XX**

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATKINS, STEVEN J
 3061 NW 23RD TERR.
 FT. LAUDERDALE FL 33311**

Name

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

City

FL

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.

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CLABURN, SARAH E.	
STREET ADDRESS	3061 NW 23RD TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WATKINS, STEVEN J	
STREET ADDRESS	3061 NW 23RD TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN J. WATKINS

06.13.01

954.731.2811

Date

Daytime Phone #

CR2E034 (10/00)