UNIFORM BUSINESS REPORT (UBR) FOR PROFIT CORPORATION 392166 DOCUMENT # 392166 1. Entity Name 102 APR -9 PM 12: 26 UNIVERSAL DRYWALL AND PLASTERING INC SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 6110 PEMBROKE RD SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State MIRAMAR, FL City & State 4. FEI Number Applied For 59-1318554 Not Applicable Zip Zio Country \$8.75 Additional 33023 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent LANCE DO NOT WRITE IN THIS SPACE EMBROKE 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 January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filling requirement and elects to do so. \$5.00 May Be Amended UBR is \$61,25 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE PD TITLE CR2E034B (12/01) 品面電 常用河縣 NAME RUBLE, LANCE S NAME STREET ADDRESS STREET ADDRESS 10891 DENVER DR CITY-ST-ZIP CITY-ST-ZIP COOPER CITY, FL TITLE TITLE NAME GALDORISE, MARIA NAME STREET ADDRESS STREET ADDRESS 5010 SW 29 WAY CITY-ST-ZIP CITY-ST-7/P <u>FT LAUDERDALE, FI</u> TITLE TITLE WILLIAMSENGLEBRECHT NAME NAME STREET ADDRESS STREET ADDRESS 5711 BRIARWOOD WAY DO NOT WRITE CITY-ST-ZIE CITY-ST-ZIP DAVIE, FL TITLE IN THIS SPACE 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 NAME STREET ADDRESS STREET ADORESS CITY-ST-21P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.D7(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 on an attachment with an address, with all other like empowered. SIGNATURE: