

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90399 012 ***150.00

DOCUMENT # 516953

1. Entity Name
COMMERCIAL DRYWALL, INC.

Principal Place of Business

RT. 2 BOX 360
 MICANOPY FL 32667

Mailing Address

RT. 2 BOX 360
 MICANOPY FL 32667

2. Principal Place of Business

1612 N.E. 6th Ave.

Suite, Apt. #, etc.

3. Mailing Address

1612 N.E. 6th Ave

Suite, Apt. #, etc.

City & State
 Ocala, FL

City & State
 Ocala, FL

Zip
 34470

Country
 Marion

Zip
 34470

Country
 Marion

4. FEI Number **59-1699715**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBSON, C BARRY
3336 S.E. 15TH STREET
OCALA FL 34470

Name

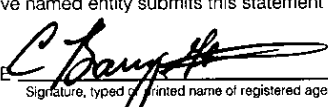
Street Address (P.O. Box Number is Not Acceptable)

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  **C. Barry Gibson**

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 **PST** ☐ Delete
 NAME **GIBSON, C BARRY**
 STREET ADDRESS **3336 S.E. 15TH STREET**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Gibson, James C.**
 STREET ADDRESS **1612 NE 6th Ave**
 CITY-ST-ZIP **Ocala, FL 34470**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:  **1-23-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 629-6612

CR2E034 (10/00)