

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90085 020 ***150.00

DOCUMENT # 689348

1. Entity Name

KOCH DRYWALL, INC.

Principal Place of Business

**2524 SAWGRASS WAY
NAVARRE FL 32566
US**

Mailing Address

**2524 SAWGRASS WAY
NAVARRE FL 32566
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2045101

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****KOCH JR, WILLIAM E
2524 SAWGRASS WAY
NAVARRE FL 32566****7. Name and Address of New Registered Agent**

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, 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	KOCH, DONNA M	
STREET ADDRESS	2524 SAWGRASS WAY	
CITY-ST-ZIP	NAVARRE FL 32566	

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOCH JR, WILLIAM E	
STREET ADDRESS	2524 SAWGRASS WAY	
CITY-ST-ZIP	NAVARRE FL 32566	

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"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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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 with all other like empowered.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)