

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F27686

1. Entity Name

R.L. CUMMINS & SON DRYWALL, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90090 035 \*\*\*150.00

Principal Place of Business

6280 PARK BOULEVARD  
PINELLAS PARK FL 33781

Mailing Address

6280 PARK BOULEVARD  
PINELLAS PARK FL 33781-3237

2. Principal Place of Business

5040 - 70TH AVENUE N

3. Mailing Address

5040 - 70TH AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FL

City & State

PINELLAS PARK, FL

Zip

33781

Country

U.S.A.

Zip

33781

Country

U.S.A.

4. FEI Number

59-2084794

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

BRUCE G. KAUFMANN, JD. P.A.  
11151-66TH STREET  
#401  
LARGO FL 33773

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	CUMMINS, ANDREA	
STREET ADDRESS	6280 PARK BOULEVARD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR / PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD L. CUMMINS	
STREET ADDRESS	5040 - 70TH AVENUE, N.	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE G. KAUFMANN	
STREET ADDRESS	11151-66TH STREET, N. SUITE #401	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Ronald L. Cummins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

Date

(727) 525-5327

Daytime Phone #

CR2E034 (9/99)