2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am **Secretary of State DOCUMENT #** G65206 1. Entity Name 03-27-2002 90033 034 ***150.00 DIXIE DRYWALL OF HERNANDO, INC. Principal Place of Business Mailing Address 80051967 % MARK W. PRUNTY % MARK W. PRUNTY 6085 COLONY CIRCLE 6085 COLONY CIRCLE SPRING HILL FL 34607 SPRING HILL FL 34607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2328857 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRUNTY, MARK W. Street Address (P.O. Box Number is Not Acceptable) 6085 COLONY CIRCLE SPRING HILL FL 34607 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01)TITLE Change ☐ Addition ☐ Delete NAME Prunty, mark w NAME CR2E034 STREET ADDRESS 6085 COLONY CIR STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34607 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition Prunty, Pamela M. NAME STREET ADDRESS STREET ADDRESS 6085 COLONY CIR. CITY-ST-ZIP CITY-ST-ZIP Spring Hill Fl TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DOLENC, JOHN E. NAME STREET ADDRESS STREET ADDRESS 9310 MARLER RD. CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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: .

FILED