

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-21-2002 90123 017 ***158.75

DOCUMENT # H20953

1. Entity Name

WILL'S DRYWALL, STUCCO, & STONE, INC.

Principal Place of Business

**6716 E. GENTRY STREET
INVERNESS FL 32652**

Mailing Address

**3521 E. GLENN ST.
INVERNESS FL 34453**

2. Principal Place of Business

3. Mailing Address

3521 E. GLENN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS FL

4. FEI Number

59-2530933

Applied For

Not Applicable

Zip

Country

34453

US

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

**ELDRIDGE, ROBERT-J
3500 W HWY 44
INVERNESS FL 34453**

**(JAMES SUTTEN)
SUTTEN ACCOUNTING
SERVICES
PO BOX 2465
INVERNESS, FL 34453-2465**

**JAMES SUTTEN
Street Address (P.O. Box Number is Not Acceptable)
1005 S. HIGHLAND AVE.
INVERNESS
City FL (County Citrus) FL Zip Code 34452**

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

JAMES SUTTEN

(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	P	<input type="checkbox"/> Delete
NAME	MEDERER, WILLI	
STREET ADDRESS	6716 E. GENTRY ST.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEDERER, WILLI	
STREET ADDRESS	6716 E. GENTRY ST.	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

WILLI MEDERER
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/01)