

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90099 031 ***150.00

DOCUMENT # H35028

1. Entity Name

HINKLE DRYWALL, INC.



Principal Place of Business

% GARY S. HINKLE
2404 BUCKHORN RUN DR
VALRICO FL 33594
US

Mailing Address

% GARY S. HINKLE
2404 BUCKHORN RUN DR
VALRICO FL 33594
US

2. Principal Place of Business

1460 Booth Dr.

3. Mailing Address

1460 Booth Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico, FL.

City & State

Valrico, FL.

Zip

33594

Country

USA

Zip

33594

Country

USA

4. FEI Number

59-2490594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINKLE, GARY S.
2404 BUCKHORN RUN DRIVE
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

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

1460 Booth Dr.

City

Valrico

FL

Zip Code

33594

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HINKLE, GARY S.**
STREET ADDRESS **2404 BUCKHORN RUN DR**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **STD** ☐ Delete
NAME **HINKLE, CYNTHIA**
STREET ADDRESS **2404 BUCKHORN DR**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1460 Booth Dr.**
CITY-ST-ZIP **Valrico, FL. 33594**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **1460 Booth Dr.**
CITY-ST-ZIP **Valrico, FL. 33594**

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 813-643-8605

Date

Daytime Phone #

CR2E034 (10/02)