

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K85846

1. Entity Name

BOBBY WINN DRYWALL, INC.

Principal Place of Business

6906 N.W. HERSHEY CIRCLE
PORT ST. LUCIE FL 34983

Mailing Address

6906 N.W. HERSHEY CIRCLE
PORT ST. LUCIE FL 34983

2. Principal Place of Business

6906 N.W. HERSHEY CIRCLE

3. Mailing Address

SAME

Suite, Apt. #, etc.

PORT ST. LUCIE

Suite, Apt. #, etc.

FLORIDA

City & State

FLORIDA

City & State

Zip

34983

Country

ST. LUCIE

Zip

.

Country

4. FEI Number

59-2946067

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINN, BOBBY C.
6906 N.W. HERSHEY CIRCLE
PORT ST. LUCIE FL 34983

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

N/A
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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVD
WINN, BOBBY C.
6906 N.W. HERSHEY CIRCLE
PORT ST. LUCIE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WINN, SANDRA L.
6906 N.W. HERSHEY CIRCLE
PORT ST. LUCIE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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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:

Bobby C. Winn

- BOBBY C. WINN

4/11/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90098 001 ***150.00

04-20-2001 90098 002 *****8.75



DO NOT WRITE IN THIS SPACE

0437215

CR2E034 (10/00)