

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000010745**

1. Entity Name

**GREAT EASTERN DRYWALL, LLC**

Principal Place of Business

**2241 LYNN STREET  
SARASOTA FL 34231**

Mailing Address

**2241 LYNN STREET  
SARASOTA FL 34231**

2. Principal Place of Business

**6783 Tema Lane**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Sarasota, FL**

City & State

Zip **34241**

Country

**USA**

Zip

Country

4. FEI Number

**65-1123481**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BRIDGES, STEPHEN  
2241 LYNN STREET  
SARASOTA FL 34231**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **BRIDGES, STEPHEN**  
STREET ADDRESS **2241 LYNN STREET**  
CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Stephen Bridges**  
STREET ADDRESS **6783 Tema Lane**  
CITY-ST-ZIP **Sarasota, FL 34241**

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90074 027 \*\*\*\*50.00

**937524**



DO NOT WRITE IN THIS SPACE

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