FILED

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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am **DOCUMENT # L24710 Secretary of State** SOUTH BREVARD WALLBOARD COMPANY, INC. 03-19-2001 90453 030 ***150.00 Principal Place of Business Mailing Address C/O GERALD D. YOUNG C/O GERALD D. YOUNG 1541 ZAFFER STREET NW 1541 ZAFFER STREET NW PALM BAY FL 32907-8624 PALM BAY FL 32907-8624 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 59-2976043 Not Applicable Zip Country 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 YOUNG, GERALD D Street Address (P.O. Box Number is Not Acceptable) 1541 ZAFFER STREET N.W. PALM BAY FL 32905 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Delete TITLE ☐ Change YOUNG, GERALD D NAME NAME STREET ADDRESS 1541 ZAFFER ST. NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL TITLE ☐ Delete TITLE Change Addition YOUNG, CONNIE NAME STREET ADDRESS STREET ADDRESS 1541 ZAFFER ST. NW CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.