2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L73346 1. Entity Name SUNRISE DRYWALL, INC.

Principal Place of Business

6681 NW:30 ST SUNRISE FL 33313 Mailing Address

6681 NW 30 ST SUNRISE FL 33313

2. Principal Place of Business 9205 NW 67 St

3. Mailing Address P.O. Box 25935

FILED May 01, 2002 8:00 am § Secretary of State

05-01-2002 91621 017 ***150.00

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MASSE, CLAUDE 683 I NW 30 CT SUNRISE FL 33313 8. The above named entity submits this statement for the purpose of changing its registered disease registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible Tax tiling requirement and elects to do so. After May 1, 2002 Fee will be \$\$50.00 atter made and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO CHICCERS AND DIRECTORS IN 11 TILE TILE TILE TILE TILE TILE TILE TIL	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
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B. 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 International Internati	SUNNISE	FL 33313		Į			·			ľ	
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, hyade or printed name of registered agent and sile if applicable NOTE: Registered Agent signature required when remaining STATE				ĺ	City		•	FL	Zip Code	,	
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Thereby vertify 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 windicated 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR