

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90136 032 ***150.00

DOCUMENT # P00000000092

1. Entity Name

PHILIP JACOBS DRYWALL INC.

Principal Place of Business

Mailing Address

115 E 145 AVE
TAMPA FL 33613

115 E 145 AVE
TAMPA FL 33613

915519

2. Principal Place of Business

3. Mailing Address

115 E. 145th AVE.
Suite, Apt. #, etc.

115 E. 145th AVE.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

59-3621540

Applied F

Not Appli

Zip

33613

Country

USA

Zip

33613

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, PHILIP
115 E 145 AVE
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name: PHILIP JACOBS
Street Address (P.O. Box Number is Not Acceptable): 115 E. 145th AVE.
City: TAMPA FL Zip Code: 33613

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P. PRESIDENT	PHILIP JACOBS	115 E. 145th AVE	TAMPA, FLORIDA 33613	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> A
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #