

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90123 026 ***550.00

DOCUMENT # P00000006869

1. Entity Name

ABC DRYWALL OF NORTH FLORIDA, INC.

Principal Place of Business

7701 118TH STREET
JACKSONVILLE FL 32244

Mailing Address

7701 118TH STREET
JACKSONVILLE FL 32244

2. Principal Place of Business

7702

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7702

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3628360**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORALES, ARMIDA

7701 118TH STREET
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name

ARMIDA MATA

Street Address (P.O. Box Number is Not Acceptable)

7702

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **MATA, ARMIDA**
 STREET ADDRESS **7701 118TH STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **S** ☐ Delete
 NAME **CARRINGTON, DIANA**
 STREET ADDRESS **106 ESPLANDADE AVE**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7702 118th**
 CITY-ST-ZIP **32244**

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

ARMIDA MATA President

07/10/02

904 759 1788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)