

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

0515347 AV

DOCUMENT # P00000009324

1. Entity Name
VELOCITY DRYWALL, INC.



04-24-2003 90206 039 ***150.00

Principal Place of Business
2834 SURFSIDE BLVD
CAPE CORAL FL 33914

Mailing Address
1315 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

2834 SURFSIDE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

Country

33914

Country

4. FEI Number 65-0986098

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ELKINS, CHALMER L
2834 SURFSIDE BLVD
CAPE CORAL FL 33914

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

SIGNATURE

NO CHANGE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTDV
ELKINS, CHALMER L
2834 SURFSIDE BLVD
CAPE CORAL FL 33914

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 if 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 #

CR2E034 (10/02)