

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 015 ***150.00

DOCUMENT # P00000031982

1. Entity Name

MCCOY DRYWALL, INC.



Principal Place of Business

6398 DANNER DRIVE
UNIT D
SARASOTA FL 34240

Mailing Address

5318 BARBAROSSA AVE.
SARASOTA FL 34235

2. Principal Place of Business

3. Mailing Address

6398 DANNER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT D

City & State

City & State

SARASOTA, FL

Zip

Country

Zip

34240

Country

SARASOTA

4. FEI Number

65-1013512

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

7. Name and Address of New Registered Agent

MCCOY, CHARLES D
5318 BARBAROSSA AVE.
SARASOTA FL 34235

Name

CHARLES D. MCCOY

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

6398 DANNER DRIVE

UNIT D

City

SARASOTA

FL

Zip Code

34240

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCOY, CHARLES D	
STREET ADDRESS	5318 BARBAROSSA AVE.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCCOY, PAMELA M	
STREET ADDRESS	5318 BARBAROSSA AVE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES D. MCCOY	
STREET ADDRESS	6398 DANNER DR., UNIT D	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAMELA M. MCCOY	
STREET ADDRESS	6398 DANNER DR., UNIT D	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

4/25/03

CR2E034 (10/02)