

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90357 022 ***150.00

DOCUMENT # P00000036634

1. Entity Name

JASON PRICE DRYWALL, INC.

Principal Place of Business

**130 ADAMS STREET
 PORT CHARLOTTE FL 33952**

Mailing Address

**130 ADAMS STREET
 PORT CHARLOTTE FL 33952**

2. Principal Place of Business

21519 Kenyon Ave.

3. Mailing Address

495563 P.O. Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL.

City & State

Port Charlotte, FL.

Zip

33952

Country

Zip

33949

Country

4. FEI Number

65-0498048

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PRICE, JASON

130 ADAMS STREET

PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

JASON PRICE

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

21519 Kenyon Ave.

City

Port Charlotte

FL

Zip Code

33952

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 **D** ☐ Delete
 NAME **PRICE, JASON**
 STREET ADDRESS **130 ADAMS STREET**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
 NAME **JASON PRICE**
 STREET ADDRESS **21519 Kenyon Ave.**
 CITY-ST-ZIP **Port Charlotte, FL. 33952**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-02

Date

Daytime Phone #

CR2E034 (4/02)

JASON PRICE DAYWALL
21519 KENYON AVE. INC.
PORT CHARLOTTE, FL.
33952

Attachment

#P0000036634

1-20879

From: JASON PRICE, President

I did not receive this
notice until 7-9-02. I put my
mailing address of { P.O. Box 495563
{ Port Charlotte, FL.
{ 33949

on the filing form. Please send
any other information there. I did
not receive a prior notice.

Thank You



R.

President