

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90156 019 ***158.75

DOCUMENT # P00000040227

1. Entity Name
ARCHITECTURAL DRYWALL SYSTEMS, INC.



Principal Place of Business
**234 S. BOUNDARY AVE.
DELAND FL 32720**

Mailing Address
**234 S. BOUNDARY AVE.
DELAND FL 32720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3640179**

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

**LOPESILVERO, JODI M
234 S. BOUNDARY AVE.
DELAND FL 32720**

7. Name and Address of New Registered Agent

Name **Jodi M. Eiland**
Street Address (P.O. Box Number is Not Acceptable)
234 S. Boundary Ave.
~~Deland~~
City **Deland,** FL Zip Code **32720**

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

Jodi M. Lopesilvero - Eiland
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

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 **PD** ☐ Delete
NAME **LOPESILVERO, JODI M**
STREET ADDRESS **234 S. BOUNDARY AVE.**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **VP** ☐ Delete
NAME **EILAND, MARK D**
STREET ADDRESS **234 S BOUNDARY AVE**
CITY-ST-ZIP **DELAND FL 32720**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President (P)** ☒ Change ☐ Addition
NAME **Jodi M. Eiland**
STREET ADDRESS **234 S. Boundary Ave.**
CITY-ST-ZIP **Deland, FL 32720**

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

TITLE ☐ Change ☐ Addition
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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:

Jodi M. Eiland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/03 386-740-0475

CR2E034 (10/02)