

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90131 047 ***158.75

DOCUMENT # **P0000204397**

1. Entity Name

East Coast Drywall of Deltona, Inc.

Principal Place of Business

Mailing Address

783 Shafton Ave
Deltona, FL 32738

2. Principal Place of Business

3. Mailing Address

783 Shafton Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deltona, FL

City & State

4. FEI Number

59-3644285

Applied For

Not Applicable

Zip

Country

Zip

Country

32738

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

National Registered Agents, Inc.
P.O. Box 927
West Windsor, NJ 08550-0927

Name

Luz Hernandez

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

1037 E. Hancock Dr

City

Deltona

FL

Zip Code

32725

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.

SIGNATURE



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

(NOTE: Registered Agent signature required when reinstating)

4/23/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. **Director** OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Edwin Alicea** ☒ Delete
 NAME
 STREET ADDRESS **1177 Ft Smith Blvd**
 CITY-ST-ZIP **Deltona, FL 32725**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **David Hernandez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

407-461-2641

Daytime Phone #

CR2E034 (11/00)