2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00002043297 Oct. 16, 2001 8:00 am Secretary of State 05-10-2001 90131 047 \*\*\*158.75 East Coast Drywall of Deltona, Inc. Principal Place of Business Mailing Address 783 Shafton Ave A0063054 Deltona FI 32738 2. Principal Place of Business 3. Mailing Address 783 Shafton Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State
Deltona 4. FEI Number 59-3444285 City & State Applied For Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired USA 32738 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent National Registered Agents, Inc. Luz Jernandez P.O.BOX 937 Street Address (P.O. Box Number is Not Acceptable) 08550-0927 west windsor, NJ 037 E. Zig 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. ne of registered agent and little if acolicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Eawin Alicea Delete TITLE TITLE David Hernandez NAME 1177 Ft Stnith Blud NAME STREET ADDRESS STREET ADDRESS 783 Shafton Avc. Deltona, FI 32725 CITY-ST-ZIP CITY-ST-ZIP Doltona, Fl. 32738 TITLE Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 407-461-2641