

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91347 033 ***158.75

DOCUMENT # P00000043297
1. Entity Name East Coast Drywall of Deltona, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 390134
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 390134
Suite, Apt. #, etc.

City & State
Deltona, Florida
Zip
32739 Country
USA

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Deltona, FL
Zip
32739 Country
USA

4. FEI Number 59-3644285 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Luz E. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
David Hernandez
1037 E. Hancock Dr
Deltona, FL 32725

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IN THIS SPACE**

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 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

5/1/02 386-574-1117
Date Daytime Phone #

CR2E034B (12/01)