FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90124 038 ***150.00

DOCUMENT # P00000046058

1. Entity Name
Goveas' Drywall Inc.

DO NOT WRITE IN THIS SPACE

50029662

2. Principal Place of Business	3. Mailing Address
5425 CARLTON ST.	5425 CARLTON ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES	City & State: NAPLES
Zip: 34113 Country: Collier	Zip: 34113 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593645662 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor

City: FL Zip Code:

6. 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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required when changing)

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Salvador Goveq
STREET ADDRESS	5425 CARLTON ST.
CITY-ST-ZIP	Naples, Fl. 34113
TITLE	Vice-Pres.
NAME	Dominic Goveq
STREET ADDRESS	143 9th St.
CITY-ST-ZIP	Naples, Fl. 34113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Salvador Goveq 2-28-05 239-793-0991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #