

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90043 012 ***150.00

DOCUMENT # P000000 56506

1. Entity Name

All County Drywall Service, Inc. ✓

Principal Place of Business

Mailing Address

A0035439

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2702 Wallace Branch Rd

3. Mailing Address

2702 Wallace Branch Rd

City & State

Plant City, FL

City & State

Plant City, FL

4. FEI Number

59-3652464

Applied For

Not Applicable

Zip

33565 USA

Zip

33565 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

Charles E. Norris

2702 Wallace Branch Rd

Plant City, FL

FL

Zip Code

33565

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

Charles E. Norris

Charles E. Norris

3-16-01

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

(NOTE: Registered Agent signature required when reinstating)

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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT
NAME: Charles E. Norris
STREET ADDRESS: 2702 Wallace Branch Rd
CITY-ST-ZIP: Plant City, FL 33565

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: VICE-PRESIDENT
NAME: Jerome C. Harrell
STREET ADDRESS: 1225 E. 131st Street
CITY-ST-ZIP: Tampa, FL 33612

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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TITLE: _____
NAME: _____
STREET ADDRESS: _____
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:

Charles E. Norris

PRES Charles E. Norris

3-16-01

(813) 707-8383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)