

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90234 017 ***550.00

014-311 37

DOCUMENT # P00000056841
1. Entity Name
BRUCE DURHAM DRYWALL SPRAY SERVICES, INC.

Principal Place of Business **Mailing Address**
412 OLD DIXIE HWY **412 OLD DIXIE HWY**
AUBURNDAL FL 33823 **AUBURNDAL FL 33823**

2. Principal Place of Business **3. Mailing Address**
412 Old Dixie Hwy **SAME**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
Auburndale, FL **SAME**
Zip **Country** **Zip** **Country**
33823 **Polk** **"** **"**

4. FEI Number **Applied For**
Not Applicable
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**
DURHAM, BRUCE **NAME**
1910 MEADOW OAK CIR **Street Address (P.O. Box Number is Not Acceptable)**
POLK CITY FL 33868 **City** **FL** **Zip 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.
SIGNATURE **7/27/01**
Signature, typed or printed name of registered agent and then 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 \$550.00**
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PST DURHAM, BRUCE 1910 MEADOW OAK CIR POLK CITY FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **7/27/01** **863-967-8177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)