

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000061164**1. Entity Name
IMAGE DRYWALL, INC.Principal Place of Business
1812 18TH AVE
TAMPA FL 33605Mailing Address
1812 18TH AVE
TAMPA FL 336052. Principal Place of Business
1812 - 18TH AVE EAST3. Mailing Address
1812 - 18TH AVE EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FLCity & State
TAMPA FL4. FEI Number
59-3652010
Applied For
Not ApplicableZip
33605

Country

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**MUNIZ FRANK
1812 18TH AVE
TAMPA FL 33605Name
MUNIZ FRANK
Street Address (P.O. Box Number is Not Acceptable)
1812 - 18TH AVE EAST
City
TAMPA FL Zip Code
33605

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 _____ **01/07/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 D ☐ Delete
NAME MUNIZ TERRYLYNN
STREET ADDRESS 1812 18TH AVE
CITY-ST-ZIP TAMPA FL 33605TITLE D ☒ Change ☐ Addition
NAME MUNIZ TERRYLYNN S
STREET ADDRESS 1812 18TH AVE
CITY-ST-ZIP TAMPA FL 33605TITLE D ☐ Delete
NAME MUNIZ FRANK
STREET ADDRESS 1812 18TH AVE
CITY-ST-ZIP TAMPA FL 33605TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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: Frank Muniz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORD 01/07/2001
Date

Daytime Phone #

CR2E034 (11/00)