

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 02, 2001 8:00 am**  
**Secretary of State**

07-02-2001 90003 004 \*\*\*150.00

0630877

**DOCUMENT # P00000067609**

1. Entity Name

**JAM DRYWALL ACCESSORIES, INC.**

Principal Place of Business

1287 1291 NW BILTMORE ST  
 PORT ST LUCIE FL 34952

Mailing Address

1287 1291 NW BILTMORE ST  
 PORT ST LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1291 SW BILTMORE

1291 SW BILTMORE ST.

City & State

City & State

Zip  
 34983

Country

Zip  
 34983

Country

4. FEI Number

65-0991205

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

**PACELLA, JOHN**  
 1287 1291 NW BILTMORE ST  
 PORT ST LUCIE FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/20/01

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**PACELLA, JOHN**  
**3398 SW HIMANGO ST**  
**PORT ST LUCIE FL 34953**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**ANGELINI, MICHAEL**  
**6945 NW DAFFODILL LN**  
**PORT ST LUCIE FL 34983**

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/01

Date

561-344-0800

Daytime Phone #

CR2E034 (10/00)

Attachment

DOC# P000000067609

To Whom It may concern,

6/20/21  
CWT 2347  
#100000067609

I, JOHN PACELLA, just received this bill, and  
will mail it now with the 150<sup>00</sup> fee.

Thank you.

JOHN PACELLA

Tam Drywall Ac Co

*J Pacella*