2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000085615

1. Entity Name

E. HAYNES DRYWALL, INC.



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90352 023 ***150.00

•								
Principal Place of Busine	ess Ma	iling Address						
3404 HICKORYNUT ST.		3404 HICKORYNUT ST.						
JACKSONVILLE FL 32208		JACKSONVILLE FL 32208						
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2. Principal Place of Business		3. Mailing Address			r charleman der godier model 2011) Euster Docto 00101 (0))	
				_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
0.5		07		 	4. FEI Number Applied For			
City & State		City & State		4. 1	^{-El Number} 59-3349415		lot Applicable	
7'	1 0	: <u> </u>	Country					
Zip	Country Z	ip	Country	5. (Definitione of Status Desired	8.75 Adeo Requir		
& Non	ne and Address of Current Regist	ered Agent		7. 1	Name and Address of New Registered Ag			
o. Nar	. Name							
HAVNES ETEVIEL		1						
HAYNES, EZEKIEL JR			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
3404 HICKORYNUT								
JACKSONVILLE FL	32208							
			City		FL	Zip Co	de	
				 	-			
The above named en the obligations of reg		urpose of changing its i	registered office or regis	tered ag	ent, or both, in the State of Florida. I am fa	miliar with	, and accept	
the obligations of reg	natered agent.							
SIGNATURE	· ·	*						
Signature, typ	ped or printed name of registered agent and title if	applicable. (NOTE	: Registered Agent signature requ	ired when re	instating) DATE			
FILE NOW	/!!! FEE IS \$150.00							
	003 Fee will be \$550.00	· ·	95 90		9. Election Campaign Financing Trust Fund Contribution.		00 May Be	
	to Florida Department of State		.•		Trust Fund Contribution.	Adde	ed to Fees	
			11.	ΑC	L DITIONS/CHANGES TO OFFICERS AND D	DIRECTO	RS IN 11	
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	s, ezekiel jr	□ Delete	NAME		,			
STREET ADDRESS 3404 HIG			STREET ADORESS					
	NVILLE FL 32208		CITY-ST-ZIP					
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	S, DOROTHY		STREET ADDRESS					
	CKORYNUT ST.		CITY-ST-ZIP					
	NVILLE FL 32208							
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NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIPECTOR

☐ Delete

04/29/0

904-768-7145 Daytime Phone #

☐ Change

☐ Addition