

2001 UNIFORM BUSINESS REPORT (UBR)

4/5/1

FILED
May 03, 2001 8:00 am
Secretary of State

04-05-2001 90017 008 ***150.00

DOCUMENT # P00000089865

1. Entity Name

DRYWALL SYSTEMS, INC. OF SOUTH FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 290188
 DAVIE FL 33329-0188

P.O. BOX 290188
 DAVIE FL 33329-0188

641893



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4701 S.W. 45th STREET

3. Mailing Address

P.O. Box 290188

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, Fl., 33314

City & State

Davie, Fl., 33329-0188

4. FEI Number

65-0871062

Applied For

Not Applicable

Zip

33314

Country

USA

Zip

33314

Country

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

**COLEMAN, ANTHONY G JR.
 3275 WEST HILLSBORO BLVD., STE. 207
 DEERFIELD BEACH FL 33442**

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 **Ralph Grandinetti, President**

4/2/01

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** ☐ Delete
 NAME **Ralph Grandinetti**
 STREET ADDRESS **P.O. Box 290188**
 CITY-ST-ZIP **Davie, Fl., 33329-0188**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **Ralph Grandinetti**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

(954) 316-2288

Daytime Phone #

CR2E034 (10/00)