

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90362 047 ***150.00

DOCUMENT # P00000108126

1. Entity Name
WALLBOARD SERVICES, INC.



Principal Place of Business
8504 E. ADAMS DR.
SUITE E
TAMPA FL 33619

Mailing Address
P.O. BOX 1556
VALRICO FL 33595

2. Principal Place of Business

3306 Kilmer Dr.

3. Mailing Address

3306 Kilmer Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City FL

City & State

Plant City FL

Zip

33566

Country

Zip

33566

Country

US

4. FEI Number

59-3682549

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

BIDDLE, RICHARD D
3901 VALRICO GROVE DR.
VALRICO FL 33594

Name

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

3306 Kilmer Dr.

City

Plant City FL

FL

Zip Code

33566

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BIDDLE, RICHARD D**
STREET ADDRESS **3901 VALRICO GROVE DR.**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *3306 Kilmer Dr.*
CITY-ST-ZIP *Plant City FL 33566*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

813-477-1233

Daytime Phone #

CR2E034 (10/02)