

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90062 021 \*\*\*150.00

**DOCUMENT # P01000013471**

1. Entity Name

O.G DRYWALL, INC

Principal Place of Business

1701 STONEHEAVEN DR. #3  
 BOYNTON BEACH FL 33436

Mailing Address

1701 STONEHEAVEN DR. #3  
 BOYNTON BEACH FL 33436

2. Principal Place of Business

1561 Stone Heaven Dr #6

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Zip Country

Zip

Country

Zip

Country

33436 USA

33436 USA

4. FEI Number

65-1072588

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

GARCIA, OSCAR R

1701 STONEHEAVEN DR, #3  
 BOYNTON BEACH FL 33436

Name

Garcia Oscar R

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

1561 Stone Heaven Dr #6

City

Boynton Beach FL

FL

Zip Code

33436

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 Garcia Oscar

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, 2002 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 P ☐ Delete  
 NAME GARCIA, OSCAR R  
 STREET ADDRESS 1701 STONEHEAVEN DR, #3  
 CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE P ☒ Change ☐ Addition  
 NAME GARCIA, OSCAR R  
 STREET ADDRESS 1561 Stone Heaven Dr #6  
 CITY-ST-ZIP Boynton Beach FL 33436

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ 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: Garcia Oscar **SIGNATURES REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/02

Date

(561) 369 0162

Daytime Phone #

CR2E034 (9/01)