

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000013471

1. Entity Name

O.G. Drywall, INC.

Principal Place of Business

Mailing Address

9044 NW 28th DRIVE Apt 3-307
Coral Springs, FL 33065

FILED

03 MAY 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9044 NW 28th Dr. Apt 3-307

9044 NW 28th Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 3-307

Apt 3-307

City & State

City & State

Coral Springs FL

Coral Springs

Zip

Country

Zip

Country

33065

U.S.

33065

U.S.

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

Oscar R. Garcia
9044 NW 28th Drive Apt 3-307
Coral Springs, FL 33065

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 Oscar Garcia

President

5/1/03

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!!! FEES \$150.00
After MAY 1, 2003 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 Oscar R. Garcia
STREET ADDRESS 9044 NW 28th Drive Apt 3-307
CITY-ST-ZIP Coral Springs, FL 33065

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800020055208
CITY-ST-ZIP 05/29/03--01006--004 **150200

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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: Oscar Garcia

5/1/03 561-654-8747

CR2E034 (10/00)