

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**03 MAY -1 AM 10:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P01000043898**

1. Entity Name

**ISLAND DRYWALL & FRAMING, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**12977 Homosassa River**

Suite, Apt. #, etc.

3. Mailing Address

**Post Office Box 242**

Suite, Apt. #, etc.

**REINSTATEMENT**

**02-03**

City & State

**Homosassa, Florida**

Zip

**34487**

Country

City & State

**Homosassa, Florida**

Zip

**34487**

Country

4. FEI Number

**59-3714690**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**SPIEGEL & UTRERA, P.A.**

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

**1840 Southwest 22 Street**

**4th Floor**

City

**Miami**

**FL**

Zip Code

**33145**

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. **Spiegel & Utrera, P.A.**

SIGNATURE

By: **Natalia Utrera, Vice President**

DATE

**4/30/03**

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Kemp, Carol 12977 Homosassa River Homosassa, Florida 34487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Kemp, Lester 12977 Homosassa River Homosassa, Florida 34487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600018963506 05/15/03--01003--006 **600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600018963506 05/15/03--01003--007 **300.00
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Carol Kemp, President**

Date

Daytime Phone #

CR2E034B (12/02)

**B3**