FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043898

1. Entity Name

ISLAND DRYWALL & FRAMING, INC



FILED

03 MAY -1 AM 10: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2 Principal P	lace of Rusiners	3 Mailing Address					
2. Principal Place of Business 3. Mailing Address		a Barr 3/2	Chicago	to to obtain an in the second			
12977 Homosassa River Post Office Suite, Apt. #, etc. Suite, Apt. #, etc.		e BOX Z4Z		NST ANTENN	CAPE	100 CO 7 C	
Suite, Apt.	#, OIC.	Suite, Apt. #, etc.		6 6 gm B	ASO BACATAL		ACE ()C
City & State		City & Casto		4 55	CI Blooming		Applied For
1		City & State Homosassa,	Elorido		El Number 9-3714690	Į.	Not Applicable
Zip	Ssa, Florida Country	Zio			9-3/14090		
34487	Country	34487	Country	5 . Co	ertificate of Status Desired		8.75 Additional e Required
3,707				7. Nan	ne and Address of Current R	egistered A	gent
			Name	CDIRC	er c timbed b	A	
	DO NOT W	/RITE	Street Ad	SPIEG.	EL & UTRERA, P. x Number is Not Acceptable)	Α.	
		and the second s			Southwest 22 St	reet	
	IN THIS SI	ACE		/.±1- 17	1		
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				Miami		FL	33145
8. The above	named entity submits this statement sions of registered agent. Spies	the purpose of changing	its egistered office or	registered age	nt, or both, in the State of Flori	da. I am fam	illar with, and accept
the obligati	ions of registered agent. Spies	il & urrera	y.A.		10	70/0	
	1 (///	THE STATE OF THE			4/3	0/03)
SIGNATURE	Signature, typed or printed name of the second		ce President	e required when rein	siate(d)	DATE	
	nuary 1 - May 1 Fee is \$150.00	ca sercia, vi	CC PICBIGGIE				
	After May 1, Fee is \$550.00	AV 1			9. Election Campaign Finar		\$5.00 May Be
Minima Obert	Amended UBR is \$61.25				Trust Fund Contribution.		Added to Fees
10.	Payable to Florida Department o	2 4 4 4 4 4	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		V 27 21 1 27 2 27 1 27 1 27 1 27 1 27 1		
	PSD OFFICERS AND	DIRECTORS	TIME				
TITLE NAME	Kemp, Carol		NAME			^.	3
STREET ADDRESS	12977 Homosassa Ri	ivor	STREET ADDRESS			100	3
CITY-ST-7IP	Homosassa, Florida		CITY-ST-ZIP				
TITLE	VTD	1 34407	TIME 2.5		Signa - The Confidence State		
NAME	Kemp, Lester		NAME				1
STREET ADDRESS	12977 Homosassa R:	ivor	STREET ADDRESS		6000189	535	1 11 1
CITY-ST-ZIP	Homosassa, Florida		.CITY-ST-ZIP)5/ 1 5/03-+01003-	-UU6	** 500,00
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NAME			NAME	Maria da Mil	15101111 13 S 0571570 3 01003	-177	
STREET ADDRESS			STREET ADDRESS	J. (zlancie)			
CITY-ST-ZIP		*	CHY-ST-ZIP		DO NOT V	VKII	E
TITLE			Fine		INITIUO	DAG	
NAME			NAME	Albert W	IN THIS S	PAC	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST ZIP				
INTE			TITLE	7. Z. (A)	TANTUU A		* · · · · · · · · · · · · · · · · · · ·
NAME			NAME	لولاي والتور			· *
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Crity-ST-ZIP			CITY-ST-ZIP				- 1
TITLE			TIFLE				
NAME			NAME	the same of the		san est	
STREET ADDRESS			STREET ADDRESS			11	
CITY-ST-ZIP			CITY-ST-ZIP	and the state of		100	
12. hereby c	ertify that the information supplied with	this filing does not qualif-	y for the exemption state	d in Section 11	9.07(3)(i), Florida Statutes. I fe	urther certify	that the information
indicated of the corr	on this report of supplemental report is poration or the receiver or trustee emi	strue and accurate and the powered to execute this means.	nat my signature shall ha eport as required by Cha	ve the same leg	gal effect as if made under oa	th; that I am a appears in	an officer or director
attachmer	nt with an address, with all other like er	neowered.	op and to confine a profession	aprior correction	and the my harry	o appoura it	LEGOR TO GIT BILL
	راه لایی ۱۲	′ ∩		c			
SIGNAT		<u> </u>		1 Kemp,	Bresident		
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFI	ICER OR DIRECTOR		Date	Dayte	ne Phone =