

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057807

1. Entity Name

3-Z DRYWALL, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90196 047 ***550.00

Principal Place of Business

620 NORTH SHEDA AVENUE
 SARASOTA FL 34237

Mailing Address

620 NORTH SHEDA AVENUE
 SARASOTA FL 34237

2. Principal Place of Business

620 NORTH SHEDA AVE

3. Mailing Address

620 NORTH SHEDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1112451

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KADISAK, JOHN E
 JOHN E. KADISAK, C.P.A., P.A.
 2831 RINGLING BLVD SUITE 215E
 SARASOTA FL 34237-5353

7. Name and Address of New Registered Agent

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE PD
 NAME ZAMARRON, LEOPOLDO
 STREET ADDRESS 620 NORTH SHEDA AVENUE
 CITY-ST-ZIP SARASOTA FL 34237 ☐ Delete

TITLE SD
 NAME ZAMARRON, ARTURO Y
 STREET ADDRESS 620 NORTH SHEDA AVENUE
 CITY-ST-ZIP SARASOTA FL 34237 ☐ Delete

TITLE TD
 NAME ZAMARRON, ABEL
 STREET ADDRESS 620 NORTH SHEDA AVENUE
 CITY-ST-ZIP SARASOTA FL 34237 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

7/12/02

941-330-2349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (4/02)