

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91188 016 ***150.00

DOCUMENT # P01000067773

1. Entity Name
LEFT COAST DRYWALL, INC.

Principal Place of Business
515 EAST ORANGE, APT 304
LAKELAND FL 33801

Mailing Address
515 EAST ORANGE, APT 304
LAKELAND FL 33801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15549 CORTEZ BLVD
 Suite, Apt. #, etc.

3. Mailing Address
15549 CORTEZ BLVD
 Suite, Apt. #, etc.

City & State
BROOKSVILLE

City & State
BROOKSVILLE, FL

Zip
34613-6117

Zip
34613-6117

Country

Country

4. FEI Number
59-3728427

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOLDUC, RICKEY A
515 EAST ORANGE, APT 304
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name
LEFT COAST DRYWALL

Street Address (P.O. Box Number is Not Acceptable)
15549 CORTEZ BLVD

City
BROOKSVILLE **FL** Zip Code
34613

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 **Rickey Bolduc Ric Bolduc**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BOLDUC, RICKEY A	515 EAST ORANGE, APT 304	LAKELAND FL 33801	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P.T.				<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	BRIAN PITMAN	4523 BIMINI DR	SPRING HILL, FL 34609	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	CHARLES ALLMAN	15549 CORTEZ BLVD	BROOKSVILLE, FL 34613	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2034 (9/01)

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: **Rickey Bolduc**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #