

**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**

3. Mailing Address  
**15549 CORTEZ BLVD**

Suite, Apt. #, etc.

City & State  
**BROOKSVILLE**

City & State  
**BROOKSVILLE, FL**

Zip  
**34613-6117**

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 Rickey Bolduc**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
	<b>D BOLDUC, RICKEY A</b>	<b>515 EAST ORANGE, APT 304</b>	<b>LAKELAND FL 33801</b>	<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
	<b>P.T.</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>BRIAN PITMAN</b>	<b>4523 BIMINI DR</b>	<b>SPRING HILL, FL 34609</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>CHARLES ALLMAN</b>	<b>15549 CORTEZ BLVD</b>	<b>BROOKSVILLE, FL 34613</b>	<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 #