

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90017 020 \*\*\*158.75

**DOCUMENT # P01000096926**

**1. Entity Name**  
**AMERICAN DRYWALL PLUS CO.**

**Principal Place of Business**

**12836 LONGVIEW DR. W**  
**JACKSONVILLE FL 32223**

**Mailing Address**

**12836 LONGVIEW DR. W**  
**JACKSONVILLE FL 32223**

**2. Principal Place of Business**

**4452 BLACK ALDER CT.**

Suite, Apt. #, etc.

**3. Mailing Address**

**P.O. BOX 56615**

Suite, Apt. #, etc.

**City & State**

**JACKSONVILLE FL**

**City & State**

**JACKSONVILLE FL**

**Zip**

**32258**

**Country**

**DUVAL**

**Zip**

**32241-6615**

**Country**

**DUVAL**

**4. FEI Number**

**59-3754798**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHAFER, MARK A**

**12836 LONGVIEW DR. W**  
**JACKSONVILLE FL 32223**

**7. Name and Address of New Registered Agent**

**MARK A. SCHAFER**

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

**4452 BLACK ALDER CT.**

**JACKSONVILLE**

**FL**

**Zip Code 32258**

**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** *Mark A. Schaffer*

Signature, typed or printed name of registered agent and type if applicable.

**PRESIDENT, DIRECTOR**

**DATE**

**4-20-02**

(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** **PD** ☐ Delete  
**NAME** **SCHAFER, MARK A**  
**STREET ADDRESS** **12836 LONGVIEW DR. W**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32223**

**TITLE** **STD** ☐ Delete  
**NAME** **SCHAFER, DEBORAH K**  
**STREET ADDRESS** **12836 LONGVIEW DR. W**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32223**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ Change ☐ Addition  
**NAME** **4452 BLACK ALDER CT**  
**STREET ADDRESS** **JACKSONVILLE FL 32258**  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME** **4452 BLACK ALDER CT**  
**STREET ADDRESS** **JACKSONVILLE FL 32258**  
**CITY-ST-ZIP**

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

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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:**

*Deborah K Schaffer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SECRETARY, TREASURER**  
**DIRECTOR**

**4-20-02**

Date

**904-260-4455**

Daytime Phone #

CR2E034 (9/01)