

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000103646

1. Entity Name

Premier Drywall, Inc.

FILED

02 FEB -1 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6505 Donerail Trail

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
32309

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Joseph Krueger

Street Address (P.O. Box Number is Not Acceptable)
6505 Donerail Trail

City
Tallahassee

FL

Zip Code
32309

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President/Secretary/Treasurer
NAME Robert M. Schloss
STREET ADDRESS 6505 Donerail Trail
CITY-ST-ZIP Tallahassee, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100004912601--3
-02/12/02--01075--008
****150.00 ****150.00

TITLE Vice President
NAME Eric K. Jorgenn
STREET ADDRESS 6505 Donerail Trail
CITY-ST-ZIP Tallahassee, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President
NAME Joseph Krueger
STREET ADDRESS 6505 Donerail Trail
CITY-ST-ZIP Tallahassee 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Krueger

1/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)