2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000105747 **DOCUMENT #**

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CLAY DRYWALL SERVICES, INC.



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90240 017 ***150.00

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		(Pusings	Mailing A	Address								
		f Business		ORIA ROAD								
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ORANG	E PARK F	L 32065	0				Ì		<u> </u>		111 111	
							_		<u> </u>	Mill IIII IIII		
2. Principal Place of Business			3. Mailin	3. Mailing Address								
2. Fills	Cipai i lac	00, 222							LANGUE C	LANCES		
Suite, Apt. #, etc. City & State			Suite,	Suite, Apt. #, etc. City & State Country				CHECK HERE IF	MAKING C	HANGEO		
							A EE	Number 0750700		Appli	ed For	
			City &				7. ' .	59-3752780		Not A	pplicable	
										\$8.75 Additional		
Zip		Country	Zip	Zip			- 1	ertificate of Status Desired	ге	e Required		
·				<u> </u>				7. Name and Address of New Registered Agent				
		6. Name and Address of C	Current Registered	Адепт		Name						
						·						
CH	ΔΡΜΔΝ	JAMES H		•		Street Addres	ss (P.O. Bo	x Number is Not Acceptable)				
		IA ROAD				<u></u>						
										Tar Codo		
ORANGE PARK FL 32065					City			FL	Zip Code	j		
						L		ent, or both, in the State of Flor	ida. I am fai	miliar with, ar	nd accept	
A Th	a about t	samed entity submits this stat	ement for the purpo	ose of changing its	s register	ed office or reg	istered age	ant, or both, in the state of the				
B. In	e obligatio	ons of registered agent.										
									DATE			
SIGN	IATURE _	Signature, typed or printed name of regis	tered agent and title it app	licable. (NO	TE: Register	ed Agent signature re	quired when rei	instating)				
				<u> </u>				9. Election Campaign Fin	ancing	\$5.00	May Be	
	FI	LE NOW!!! FEE IS \$150).00	ļ				Trust Fund Contribution	n. 🗆 🗆		to Fees	
Ì	After	May 1, 2003 Fee will be \$ Payable to Florida Depar	tment of State					Į			10111	
Mak	e Check	Payable to Florida Depar	RS AND DIRECTO	L	11		AD	L DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	Addition	
10.		OFFICE	ERS AND DIRECTO	Delete	TIT	LE				☐ Change	L Addition	
TITLE		D		☐ Delete	1	ME					Ì	
NAME		CHAPMAN, JAMES H			ST	REET ADDRESS						
STREE	T ADDRESS	3600 PEORIA ROAD	_		CI	TY-ST-ZIP						
CITY-	ST-ZIP	ORANGE PARK FL 3206	<u>5</u>		——————————————————————————————————————	TLE				☐ Change	☐ Addition	
TITLE				☐ Delete		ME						
NAME						REET ADDRESS						
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NAM						NAME STREET ADDRESS						
1		1				JITTLE I POUDLICOO						

STREET ADDRESS CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Delete

SIGNATURE

Daytime Phone # Date

☐ Addition

☐ Change