

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90077 021 \*\*\*158.75

DOCUMENT # P01000115725

1. Entity Name  
PAT & PAUL DRYWALL, INC.



Principal Place of Business  
515 S HYER AVE #2  
ORLANDO FL 32801

Mailing Address  
515 S HYER AVE #2  
ORLANDO FL 32801

2. Principal Place of Business

2507 Stratford upon AVON BLVD

3. Mailing Address

2507 Stratford upon AVON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32837

Country

ORANGE

Zip

32837

Country

ORANGE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-2983576

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIETSCHMAN, RICHARD L  
3046 MARTIN ST  
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name PIETSCHMAN RICHARD L  
Street Address (P.O. Box Number is Not Acceptable)  
3046 Martin St  
City ORLANDO FL Zip Code 32806

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Richard L Pietschman

01/08/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVS  
NAME JENKINS, PAUL  
STREET ADDRESS 515 S HYER AVE #2  
CITY-ST-ZIP ORLANDO FL 32801

TITLE DPT  
NAME JENKINS, PAT  
STREET ADDRESS 515 S HYER AVE #2  
CITY-ST-ZIP ORLANDO FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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CITY-ST-ZIP

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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.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/03 407 825-9554  
Date Daytime Phone #

CR2E034 (10/02)