FILED

2003 FOR PROFIT CORPORATION

Sep 10, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000121851 **DOCUMENT #** 09-10-2003 90065 005 ***550.00 1. Entity Name S & R DRYWALL, INC. Principal Place of Business Mailing Address 2916 ASHERWOODS RD. 2916 ASHERWOODS RD. LAKELAND FL 33811 LAKELAND FL 33811 3. Mailing Address 2916 Asherwoods Rel ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 30-0025755 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 059 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRANNEN, RANDALL S Street Address (P.O. Box Number is Not Acceptable) 2916 ASHERWOODS RD. LAKELAND FL 33811 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition □ Delete TITLE BRANNEN, STEFANIE W NAME NAME 2916 ASHERWOODS RD. STREET ADDRESS STREET ADDRESS LAKELAND FL 33811 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change TITLE Brannen, Randall S NAME NAME 2916 ASHERWOODS RD. STREET ADDRESS STREET ADDRESS LAKELAND FL 33811 CITY-ST-ZIP CITY-ST-71P ____ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ Delete

☐ Addition

Attachment 80146446 #P01000121851



| Just to note that I |
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| |
| never received the first report |
| |
| to pay and being my Inc is in |
| |
| its 1st year, was not aware |
| / |
| of the fee I cortainly would |
| appreciate it if you could wave |
| the late fee; however, lam |
| in clerding a choice for \$550. MISSION STATEMENT: Drank you! |

To generate profit by combining effective leadership and responsible management of resources with quality products and dependable customer service.