

2003 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT# P02000010526**

1. Entity Name


POMMERS DRYWALL SERVICES, INC.**FILED**
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90208 030 ***150.00

Principal Place of Business 1044 S MILITARY TRAIL #106 DEERFIELD BEACH FL 33442		Mailing Address 1044 S MILITARY TRAIL #106 DEERFIELD BEACH FL 33442	
2. Principal Place of Business 1271 SW 9 AVE Suite Apt. #, etc.		3. Mailing Address 1271 SW 9 AVE Suite. Apt. #, etc.	
City & State DEERFIELD BEACH FL		City & State DEERFIELD BEACH FL	
Zip 33441	Country USA	Zip 33441	Country USA
4. FEI Number 300034830		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAX HOUSE CORPORATION 3929 N FEDERAL HWY POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name TAX HOUSE CORPORATION Street Address (P.O. Box Number is Not Acceptable) 531 E. SAMPLE ROAD City POMPANO BEACH FL 33064	

DO NOT WRITE IN THIS SPACE

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  **04/30/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2003 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOB, LUCIMAR 1044 S MILITARY TRAIL #106 DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOB, LUCIMAR 1271 SW 9 AVE DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**04/30/03**

Date

Daytime Phone #