To: From: Spiegel & Utrera

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90099 016 ***150.00

DOCUMENT # P02000023426

1. Entity Name
LANDMARK DRYWALL SYSTEMS INC.

DO NOT WRITE IN THIS SPACE

20034135

2. Principal Place of Business	3. Mailing Address
JACKSONVILLE, FL.	11509 HOLTON LANE
Suite, Apt. #, etc. 11509 HOLTON LANE	Suite, Apt. #, etc.
City & State JACKSONVILLE, FL.	City & State JACKSONVILLE, FL.
Zip 32219 Country USA	Zip 32219 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3610782 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor
City: Miami **FL** Zip Code: 33145

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	GERALDINE P. COPE P. V. T. S. O. C. M. 11509 HOLTON LANE JACKSONVILLE, FL. 32219	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: Geraldine P. Cope 4-11-05 904-766-7197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GERALDINE P. COPE