

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90110 003 ***158.75

0061004 AV

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1. Entity Name
COMMERCIAL, DRYWALL & ACOUSTICAL INC.



Principal Place of Business
174 BENT AAROW DR
DESTIN FL 32541

Mailing Address
174 BENT AAROW DR
DESTIN FL 32541



2. Principal Place of Business

4000 GULF TERRACE

3. Mailing Address

4000 GULF TERRACE

Suite, Apt. #, etc.

#187

Suite, Apt. #, etc.

#187

City & State

Destin FL 32541

City & State

Destin FL

Zip

32541

Country

OKLOSSIA

Zip

32541

Country

OKALOSA

4. FEI Number

36-4494926

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SMITH, CLYDE R
174 BENT AAROW DR
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name Clyde R Smith

Street Address (P.O. Box Number is Not Acceptable)

4075 DANCING CHAIR CT

City Destin

FL

Zip Code

32541

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

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 PD
NAME WELCH, BRANDON
STREET ADDRESS 613 THIRD AVENUE
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE VPD
NAME WELCH, CHRIS
STREET ADDRESS 813 THIRD AVENUE
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE SD
NAME SMITH, CLYDE R
STREET ADDRESS 174 BENT AAROW DR
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE TD
NAME WELCH, LEE
STREET ADDRESS 8200 LAIRD STREET
CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clyde R Smith
Secretary

1/8/03
Date

Daytime Phone #

CR2E034 (10/02)