

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90152 024 ***150.00

DOCUMENT # **P02000073054**

1. Entity Name
SAMURAI DRYWALL, INC.



Principal Place of Business
**12814 KELSEY ISLAND DRIVE
JACKSONVILLE FL 32224**

Mailing Address
**12814 KELSEY ISLAND DRIVE
JACKSONVILLE FL 32224**



2. Principal Place of Business

405 West Silverthorn Lane

3. Mailing Address

405 West Silverthorn

Suite, Apt. #, etc.

Stein Augustine Fl

Suite, Apt. #, etc.

St. Augustine

City & State

Florida

City & State

Florida

CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0734886

Applied For

Not Applicable

Zip **32095**

Country

St. Johns

Zip **32095**

Country

St. Johns

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

6. Name and Address of Current Registered Agent

**PEET, FRED W
12814 KELSEY ISLAND DRIVE
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Fred W Peet

1-31-03

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 **PD** Delete
NAME **PEET, FRED W**
STREET ADDRESS **12814 KELSEY ISLAND DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **STD** Delete
NAME **PEET, BRENDA L**
STREET ADDRESS **12814 KELSEY ISLAND DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Peet, Fred W**
STREET ADDRESS **405 West Silverthorn Lane**
CITY-ST-ZIP **St. Augustine Florida 32095**

TITLE Change Addition
NAME **Peet Brenda**
STREET ADDRESS **405 West Silverthorn Lane**
CITY-ST-ZIP **St. Augustine Florida 32095**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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:

Fred W Peet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)