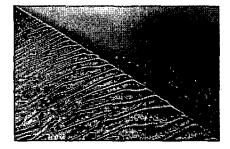
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2003 8:00 am Secretary of State

05-13-2003 90053 042 \*\*\*150.00

1. Entity Name NORTHSTAR DRYWALL, INC.					
Principal Place of Business -1449 DAVILA ST -NAPLES, FL-34120	Mailing Address  1449 DAVILA 5T  NAPLES, FL 34120			U	٠
2. Principal Place of Business PO BO)C 367643  Suite, Apt. #, etc.	3. Mailing Address.  Sulte, Apt. #, etc.	367643	CHECK HERE IF M	IAKING CHANGES	
BONITA BRINGS R	Sity & State BONITA SIA	RINGS PR	4. FEI Number 047163  5. Certificate of Status Desired	) <i>1</i>	plied For t Applicable itional
3 4 / 3 6. Name and Address of Current	Registered Agent	3	7. Name and Address of New Regis	<u> </u>	
EDWARDS, DIAN M		Name			
1842 40TH TERR SW NAPLES, FL 34116	Street Address (P.O. Box Number is Not Acceptable)				
		City		FL Zip Code	•
The above named entity submits this statement to the obligations of registered agent	r the purpose of changing its registe	ered office or register	ed agent, or both, in the State of Florida		and accept
SIGNATURE Supplies by by the supplier was the of the state and again	anglight i applicable. (NOTE: Regist	ered Agentsignature required	when edinstailing)	DATE	<del></del>
FILE NOVIN FEE IS M60.00 After May 1 / 2003 Fee Will be \$550.00 Make Check Payable to Florida Department	of State		Election Campaign Financ     Trust Fund Contribution.		O May Be to Fees
10. OFFICERS AND			ADDITIONS/CHANGES TO OFFICE		
HAME STREET ADDRESS CITY-ST-2P  CON-ST-2P  C	76433676B ST	itle Ame Theet Address Ity-st-zip		☐ Change	Addition Co.
TITLE NAME STREET ADDRESS CITY-ST-2P	Ni Si	ITLE AME TREET ADDRESS ITV-ST-21P		🗀 Change	Addition C
TITLE HAME STREET ADDRESS CITY-ST-ZP	Nu St	ITLE  AME  THEET ADDRESS " THEET ADDRESS THE		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-2P	☐ Delete TII	ITLE  AME  TREET ADDRESS  ITY-ST-21P	:	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	N Si	ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	N.	ITLE  AME  THEET ADDRESS  ITY-ST-2IP		☐ Change	Addition
12. I hereby certify that the Information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with attemptowered.					
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OR DIRE	ECTOR	Date	Daytime Phone #	



Apachment

90133759

ACCOUNTING SERVICES, 46

1852-B 40TH TERR SW **NAPLES, FL 34116** TEL: 239-455-3047

**EFAX:** 239:455-5133 EMAIL: ALPHA'595"HOTMAIL.COM

May 9, 2003

Florida Department of State **Division of Corporations** PO Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

RE: NORTHSTAR DRYWALL INC DOC# P02000082076

Please be informed our client changed his address in November of 2002 and he also notified the Post Office via a changed of address form.

Unfortunately, he did not received his annual report form to renew his corporation and so he came to me for advice. After I telephoned your office I was informed to download the form and file the annual report.

Therefore, we are please to enclose for your attention, completed Annual report form for 2003 along with a check in the sum of \$150.00

Your usual kind attention will be appreciated.

Yours truly,

ACCOUNTANT