

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90189 029 \*\*\*150.00

**DOCUMENT # P02000083621**

1. Entity Name  
**UNITED DRYWALL COMPANY OF OSCEOLA**



Principal Place of Business  
**778 COUNTRY WOOD CIR  
KISSIMMEE FL 34744**

Mailing Address  
**778 COUNTRY WOOD CIR  
KISSIMMEE FL 34744**

**55048243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**22-3860805**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AIA CORPORATE SERVICES INC.  
1221 BRICKELL AVE STE 900  
MIAMI FL 33131**

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

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

☒ Add ☐ Delete  
NAME **PD CLARAMBEAU, BARRY**  
STREET ADDRESS **778 COUNTRY WOOD CIR**  
CITY-STATE-ZIP **KISSIMMEE FL 34744**

☐ Add ☐ Delete  
TITLE  
NAME **PD PETERSEN, BRIAN**  
STREET ADDRESS **306 N GREENWAY DR**  
CITY-STATE-ZIP **PORT ORANGE FL 32127**

☐ Add ☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-03**

**407-908-8883**

Date

Daytime Phone #

CR2E034 (10/02)