

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90185 027 \*\*\*158.75

**DOCUMENT # P02000086931**

**1. Entity Name**  
**HERRING DRYWALL, INC.**



**Principal Place of Business**  
**936 EVERGLADES BLVD. S**  
**NAPLES FL 34117**  
**US**

**Mailing Address**  
**P.O. BOX 1331**  
**MARCO ISLAND FL 34146**

**2. Principal Place of Business**

**638 N. Barfield Rd.**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Marco Island, FL.**

**City & State**

**4. FEI Number**

**46-0487174**

**Applied For**

**Not Applicable**

**Zip**  
**34145**

**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**

**HERRING, JOHN**  
**374 HENDERSON CT.**  
**MARCO ISLAND FL 34145**

**Name**  
**Herring, John**

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

**638 N. Barfield Dr.**

**City**  
**Marco Island**

**FL**

**Zip Code**  
**34145**

**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**

**1/31/03**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**P**  
**HERRING, JOHN**  
**374 HENDERSON CT**  
**MARCO ISLAND FL 34145**

☐ Delete

**TITLE**  
**P.**  
**Herring, John**  
**638 N. Barfield Dr**  
**Marco Island, FL. 34145**

☒ Change ☐ Addition

**TITLE**  
**SEC**  
**MERCURIO, FRANK**  
**374 HENDERSON CT**  
**MARCO ISLAND FL 34145**

☐ Delete

**TITLE**  
**Sec.**  
**Mercurio, Frank**  
**638 N. Barfield Dr.**  
**Marco Island FL. 34145**

☒ Change ☐ Addition

**TITLE**  
**VP**  
**HERRING, CAROL ANN**  
**374 HENDERSON CT**  
**MARCO ISLAND FL 34145**

☐ Delete

**TITLE**  
**VP.**  
**Herring, Carol Ann**  
**638 N. Barfield Dr.**  
**Marco Island, FL. 34145**

☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**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**  
**Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**1/31/03**

CR2E034 (10/02)