FILED

03 SEP 25 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUPPLEMENTAL REPORT

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000121531

1. Entity Name
COLUMBIA DRYWALL SERVICE, INC.

Principal Place of Business	Mailing Address
LESLIE WOOD ROAD LULU, FL 32061	ROUTE 1, BOX 123 LULU, FL 32061

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 45-0519719 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORRIS, JOHN E NORRIS, KOBERLEIN & JOHNSON, P.A. 253 N.W. MAIN BOULEVARD LAKE CITY, FL 32056-2349	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILING FEE IS $350.00
If Merger $700 Fee Will Be $550.00
If Amended UBR $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDEN, WENDELL B ROUTE 1, BOX 123 LULU, FL 32061	☒ Delete	Pres,D Harden, Wendell B. Route 1, Box 123 Lulu, Florida 32061	☒ Change ☐ Addition
		☐ Delete	D, Sec. Harden, Wesley Route 1, Box 123 Lulu, Florida 32061	☐ Change ☒ Addition
		☐ Delete	Assist. Sec. Stephens, Chad Route 1, Box 123 Lulu, Florida 32061	☐ Change ☒ Addition
		☐ Delete	200023342722 09/25/03--01080--005 **61.25	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Wendell Harden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WENDELL B. Harden, President
Date Daytime Phone #

9/25