

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90259 002 ***150.00

DOCUMENT # P02000122975

1. Entity Name
DRYWALL ZONE, INC.



Principal Place of Business
**1870 SIESTA DR
SARASOTA FL 34239**

Mailing Address
**1870 SIESTA DR
SARASOTA FL 34239**

1000000000



2. Principal Place of Business

1621 DeSoto Road

Suite, Apt. #, etc.

3. Mailing Address

1621 DeSoto Road

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34234

Country

US

Zip

34234

Country

US

4. FEI Number

06 1661960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RAVAZZOLI, KEITH
1870 SIESTA DR
SARASOTA FL 34239**

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: Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/03

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

TITLE **D** ☐ Delete
NAME **RAVAZZOLI, KEITH**
STREET ADDRESS **1870 SIESTA DR**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☒ Addition
NAME **DAVID KEMP**
STREET ADDRESS **6313 99th St E.**
CITY-ST-ZIP **Bradenton FL 34202**

TITLE **S, T** ☐ Change ☒ Addition
NAME **THOMAS FREDERICK RUTH**
STREET ADDRESS **5315 SHADOW LAWN DR**
CITY-ST-ZIP **SARASOTA, FL 34248**

TITLE **D-V** ☒ Change ☐ Addition
NAME **KEITH RAVAZZOLI**
STREET ADDRESS **109 MILL RUN EAST**
CITY-ST-ZIP **BRADENTON, FL 34212**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/03
Date

941-358-3100
Daytime Phone #

CR2E034 (10/02)