FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2005 8:00 am
Secretary of State
06-09-2005 90003 031 ***150.00

DOCUMENT # P04000057307

1. Entity Name
Nave Dry Wall I.N.C

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1383 Sand Lake Cir
Suite, Apt. #, etc.

3. Mailing Address
1383 Sand Lake Cir
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa

City & State
Tampa FL

4. FEI Number
20-0951555
☐ Applied For
☐ Not Applicable

Zip
FL

Country
Hills Borough

Zip
33613

Country
Hills Borough

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Jose J Manriquez

Street Address (P.O. Box Number is Not Acceptable)
1383 Sand Lake Cir

City
Tampa
FL
Zip Code
33613

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, type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose J Manriquez 1435 Court of Flags st Tampa FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW Address Jose J Manriquez 1383 Sand Lake Circle Tampa FL 33613-4268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/99)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/24/05 (813) 7321496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #