

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90192 002 ***158.75

DOCUMENT # <i>P04000118917</i>	
1. Entry Name <i>T & J Ceilings & Drywall, Inc.</i>	
DO NOT WRITE IN THIS SPACE	

40055049

T & J Ceilings & Drywall, Inc.
Attn: Gerald Salinas
17930 State Road 52
Land O' Lakes, FL 34638

T & J Ceilings & Drywall, Inc.
Attn: Gerald Salinas
17930 State Road 52
Land O' Lakes, FL 34638

DO NOT WRITE IN THIS SPACE

Number <i>51-0519739</i>	Applied For ☐ Not Applicable
Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	N	<i>Gerald E. Salinas - President</i> <i>17930 S.R. 52</i> <i>LAND O' LAKES, FL 34638</i>
	S	
	C	

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 *Gerald E. Salinas* *Gerald E. Salinas* 3/30/06
Signature of individual or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when resigning) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
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	<i>GERALD SALINAS - Shareholder/President</i> <i>17930 S.R. 52</i> <i>LAND O' LAKES, FL 34638</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Gerald E. Salinas* 3/30/06 (813) 833-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Phone

CR2E034B (12/02)