

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jun 21, 2000 8:00 am
Secretary of State

05-15-2000 90230 037 ***150.00

DOCUMENT # P93000017797

1. Entity Name

HELP DRYWALL, INC.

2

Principal Place of Business

Mailing Address

145 W 4TH ST
#1601, BOX 13
APOPKA FL 32703
US

145 W 4TH ST
#1601, BOX 13
APOPKA FL 32703-5297
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3172067

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

~~FEUVREL, SIDNEY L JR~~ KEVIN KNIGHT
~~1520 E LIVINGSTON STREET~~ 332 N. Magnolia Ave
ORLANDO FL 32803

Name KEVIN KNIGHT
Street Address (P.O. Box Number is Not Acceptable)
332 N. Magnolia Ave

City Orlando, FL Zip Code 32803

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.

SIGNATURE

Kevin Knight
Signature, typed or printed name of registered agent and date is applicable.

(NOTE: Registered Agent signature required when reinstating)

6/12/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to: Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LAFLER, WALTER G JR
STREET ADDRESS 7711 SHELLBARK DR
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME HAAK, RONALD L
STREET ADDRESS 224 ATLAS AVE
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME LAFLER, JACKIE
STREET ADDRESS 7711 SHELLBARK DR
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter G. Lafler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-00 407-886-5524

CR2E034 (9/99)