

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/11

**FILED**

**May 09, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90252 039 \*\*\*150.00

**DOCUMENT # P93000060985**

1. Entity Name

**GOSS DRYWALL, FRAMING & TILE, INC.**

Principal Place of Business

334 COMMERCE COURT  
WINTER HAVEN FL 33880

Mailing Address

334 COMMERCE COURT  
WINTER HAVEN FL 33880-1280

2. Principal Place of Business

334 Commerce Ct. W.  
Suite, Apt. #, etc.

3. Mailing Address

334 Commerce Ct.  
Suite, Apt. #, etc.

City & State

Winter Haven Fla.

City & State

Winter Haven Fla.

Zip

33880

Country

Polk

Zip

33880

Country

Polk

4. FEI Number

65-0432775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MCCORQUODALE, CHARLES  
334 COMMERCE COURT  
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

William Moss

Street Address (P.O. Box Number is Not Acceptable)

513 Marklen Loop

City

Polk City

FL

Zip Code

33868

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

*William Moss*

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete  
NAME P. MCCORQUODALE, CHARLES  
STREET ADDRESS 334 COMMERCE CT  
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME P. William Moss  
STREET ADDRESS 513 Marklen Loop  
CITY-ST-ZIP Polk City

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

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

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

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:

*William Moss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00  
Date

(863)-299-8913  
Daytime Phone #