

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060985

1. Entity Name

GOSS DRYWALL, FRAMING & TILE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90344 004 ***150.00

Principal Place of Business

334 COMMERCE COURT
WINTER HAVEN FL 33880

Mailing Address

334 COMMERCE COURT
WINTER HAVEN FL 33880

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 **65-0432775**

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

MOSS, WILLIAM
513 MARKLEN LOOP
POLK CITY FL 33868

Name

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

City

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.

SIGNATURE *William S. Moss (pres.)*

Signature, typed or printed name of registered agent and title in parentheses.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	MOSS, WILLIAM	
STREET ADDRESS	513 MARKLEN LOOP	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	SAM GOSS	
STREET ADDRESS	334 COMMERCE COURT	
CITY-ST-ZIP	WINTER HAVEN, FL 33880-1280	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 S. Moss (pres.)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01 863 299.8913
Date Daytime Phone #

CR2E034 (10/00)