2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM DOCUMENT # P9300061164 Entity Name **Secretary of State** DRYWALL SERVICES OF SARASOTA, INC. Principal Place of Business Mailing Address 10217 FRUITVILLE ROAD 10217 FRUITVILLE ROAD SARASOTA FL SARASOTA FL34240 34240 2. Principal Place of Business 3. Mailing Address 184 SARASOTA CENTER BLVD. 184 SARASOTA CENTER BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For SARASOTA FL SARASOTA 65-0435094 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITTON RICHARD 1715 STICKNEY POINT Street Address (P.O. Box Number is Not Acceptable) STE B5 SARASOTA 34231 US 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 04/27/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition BRENT MAME KAHK NAME 4033 ANNIE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP ☐ Delete D TITLE ☐ Change NAME PAGE SHIRLEY NAME STREET ADDRESS 10217 FRUITVILLE ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP Delete TITLE X Change ☐ Addition ROBIN NAME ROBIN PAGE STREET ADDRESS 10217 FRUITVILLE ROAD STREET ADDRESS 10217 FRUITVILLE ROAD CITY-ST-ZIP SARASOTA 34240 CITY-ST-ZIP SARASOTA 34240 FL. TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/27/2001

Date

Daytime Phone #

Robin L. Page

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _