

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000074207

1. Entity Name  
K.T. DRYWALL, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**  
03-06-2000 90131 001 \*\*\*150.00

Principal Place of Business Mailing Address  
17309 CASTILE RD. 17309 CASTILE RD.  
FT. MYERS FL 33912 FT. MYERS FL 33912  
US US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0444181 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SIMPSON, KARL T  
17309 CASTILE RD.  
FT. MYERS FL 33912

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 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 PT  
NAME SIMPSON, KARL  
STREET ADDRESS 17309 CASTILE RD  
CITY-ST-ZIP FT MYERS FL 33912  
TITLE VP  
NAME SIMPSON, BRADLEY F  
STREET ADDRESS TINA LNS  
CITY-ST-ZIP LEIGH HIGH FL 33971  
TITLE VP  
NAME MUSGRAVE, THOMAS M  
STREET ADDRESS 8183 CALOSA RD.  
CITY-ST-ZIP FT. MYERS FL 33912

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
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

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: *[Signature]* 2-15-00 9412673965  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)