## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P93000083588

1. Entity Name

SOUTHEAST DRYWALL ENTERPRISES INC.



## FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90085 034 \*\*\*150.00

						OF WEI						
Principal Plac	e of Business		Mailing	Address								
1635 GOLFVIE			1635 G	OLFVIEW								
				SOUTH DAYTONA FL 32119								
SOUTH DAYTONA FL 32119 SOUTH DAYTON								L DESCRIPTION OF THE PROPERTY	 	<b>33</b>     <b>31</b>    <b>31  3</b>    <b>17</b>	NA 1811 1881	
					•••							
2. Principal P	lace of Busin	ess	3. Maili	ng Address	•••			i fincinali (in supen isile notili en		<b>88</b> 118 <b>8</b> 1 #1188 11	B(B)   B() 164	
Suite, Apt.	# oto		Suite	Suite, Apt. #, etc.				C OUTOK HEDE	(E MARINO	CHANCES		
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				FEI Number			plied For	
								59-3213353			t Applicable	
Zip Country		Zip		Coun	Country		Certificate of Status Desired		8.75 Add			
		· · · · · · · · · · · · · · · · · · ·					7. Name and Address of New Registered Agent					
. <del>-</del>	6. Name	and Address of Curr	ent Registere	d Agent		Name	· · · · · · · · · · · · · · · · · · ·	Name and Address of New r	registered A	<del>Jen</del>		
TAYLOR, RONNIE W				Street Addres			dress (P.O. 1	(P.O. Box Number is Not Acceptable)				
1635 GOL	FVIEW	<del>-</del>					<del></del> -		•			
S DAYTON	NA FL 3211	4										
									FL	Zip Code	9	
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	e named entit tions of regist		nt for the purpo	ose of changing its	s register	ea onice or n	egistered a	gent, or both, writing state or the	onou.			
SIGNATURE	Signature, typed	or printed name of registered a	gent and title if app	icable. (NO	TE: Registere	d Agent signature	required when	reinstating)	DATE			
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		! FEE IS \$150.00 3 Fee will be \$550.	nn Ì					9. Election Campaign Fi	_		<b>0</b> May Be I to Fees	
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10.		<u> </u>	ND DIRECTO	BS .	11.		A	DDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
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NAME	PVST	ONNIE W		BCICIO	NAM							
STREET ADDRESS	TAYLOR, I				STR	ET ADDRESS						
CITY-ST-ZIP		IA FL 32114			CITY	-ST-ZIP						
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CITY-ST-ZIP		3				Y-ST-ZIP			16	618	information	
12. I hereby	certify that th	e information supplied	with this filing	does not qualify f	or the exe	emption state	ed in Section	n 119.07(3)(i), Florida Statutes	. I further cer	ary that the i	nrormatión	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

6-05 (304) 108

Daytime Phone #

R2E034 (10/