

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003533

1. Entity Name

DUNRITE DRYWALL, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90082 045 \*\*\*558.75

Principal Place of Business

17600-2 ROCKEFELLER CIR.  
 FT. MYERS FL 33912  
 US

Mailing Address

17600-2 ROCKEFELLER CIR.  
 FT. MYERS FL 33912-3721  
 US

2. Principal Place of Business

9173 Pomelo RD. E.

Suite, Apt. #, etc.

3. Mailing Address

9173 Pomelo RD. E.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS, FL.

Zip

33912

Country

U.S.

City & State

FT. MYERS, FL.

Zip

33912

Country

U.S.

4. FEI Number

65-0461690

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHARLES E

17600-2 ROCKEFELLER CIR.

FT. MYERS FL 33912

→ The Only Change

7. Name and Address of New Registered Agent

Name

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

9173 Pomelo RD. East

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, CHARLES E 17600-2 ROCKEFELLER CIR. FT. MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, NANCY L 17600-2 ROCKEFELLER CIR. FT. MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELKINS, CHALMER L. 1437 SW 30TH TERR CAPE CORAL FL 33994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAUBEL, ROBERT 9173 POMELO RD., E. S. FT. MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Charles E. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-00

Date

941-482-6222

Daytime Phone #

CR21 X4 (9/99)