

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025647

1. Entity Name

SORIANO DRYWALL, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90028 032 \*\*\*158.75

Principal Place of Business

5667 NW 61ST STREET  
OCALA FL 34482-2729

Mailing Address

5667 NW 61ST STREET  
OCALA FL 32686-3507

2. Principal Place of Business

12537 NW Hwy 225  
Suite, Apt. #, etc.  
Reddick, FL

3. Mailing Address

12537 NW Hwy 225  
Suite, Apt. #, etc.  
Reddick, FL

City & State

32686

City & State

32686

Zip

Country

USA

North America

Zip

Country

USA

North America

4. FEI Number

65-0480253

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORIANO, TERI A  
5667 NW 61ST STREET  
OCALA FL 34482-2729

7. Name and Address of New Registered Agent

Name Soriano, Teri A.

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

12537 NW Hwy 225

City Reddick

FL

Zip Code 32686

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	D	<input type="checkbox"/> Delete
NAME	SORIANO, ALAN E	
STREET ADDRESS	5667 NW 61ST STREET	
CITY-ST-ZIP	OCALA FL 34482-2729	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORIANO, TERI A	
STREET ADDRESS	5667 NW 61ST STREET	
CITY-ST-ZIP	OCALA FL 34482-2729	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Soriano, Alan E.	Address only
STREET ADDRESS	12537 NW Hwy 225	
CITY-ST-ZIP	Reddick, FL 32686	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Soriano, Teri A	Address only
STREET ADDRESS	12537 NW Hwy 225	
CITY-ST-ZIP	Reddick, FL 32686	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Teri A Soriano Teri A Soriano, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-00

352-591-5334