

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002212

1. Entity Name
Best Drywall of The First Coast Inc.

FILED
01 OCT -5 AM 10:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business: 8137 Suffield Ct, Jacksonville FL 32256
Mailing Address: P.O. Box 57294, Jacksonville FL 32241

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: 593291023
Applied For: Not Applicable

Zip: Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
King, David A
Attorney At Law
1416 Kingsley Ave
Orange Park, FL 32073

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 releasing) 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, 2001, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'

TITLE: President
NAME: John Kevin Finn
STREET ADDRESS: 8137 Suffield Ct
CITY-ST-ZIP: Jacksonville FL 32256

TITLE: Vice-President
NAME: JAVICE E FINN
STREET ADDRESS: 8137 SUFFIELD CT
CITY-ST-ZIP: JACKSONVILLE FL 32256

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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: *John Kevin Finn* 10-1-01 904-519-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)