

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90093 012 \*\*\*150.00

**DOCUMENT # P95000024122**

1. Entity Name  
**FRANK MCDONALD DRYWALL & STUCCO, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>100 NATURES WAY<br/>         PONTE VEDRA BCH FL 32082<br/>         US</b> | Mailing Address<br><b>P.O. BOX 1222<br/>         PONTE VEDRA BCH FL 32004<br/>         US</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3310427**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONALD, FRANK  
 100 NATURES WAY  
 PONTE VEDRA BEACH FL 32082**

Name

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

City

State

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 \_\_\_\_\_ (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, 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 | NAME              | STREET ADDRESS  | CITY-ST-ZIP                |                                 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |   |
|-------|-------------------|-----------------|----------------------------|---------------------------------|-------|------|----------------|-------------|---|
|       | PD                |                 |                            | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | MCDONALD, FRANK   | 100 NATURES WAY | PONTE VEDRA BEACH FL 32082 |                                 |       |      |                |             |   |
|       | VSTD              |                 |                            | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | MCDONALD, YVOLYNE | 100 NATURES WAY | PONTE VEDRA BEACH FL 32082 |                                 |       |      |                |             |   |
|       |                   |                 |                            | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                   |                 |                            |                                 |       |      |                |             |   |
|       |                   |                 |                            | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                   |                 |                            |                                 |       |      |                |             |   |
|       |                   |                 |                            | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                   |                 |                            |                                 |       |      |                |             |   |
|       |                   |                 |                            | <input type="checkbox"/> Delete |       |      |                |             | <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: Yvolyne McDonald VP/Sec/Tres. 4/25/01 904-280-3930  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR01/12

CR2E034 (10/00)