2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90213 031 ***150.00

DOCUMENT # P95000048297

1. Entity Name
DOWNUNDER DRYWALL, INC.

Principal Place of Business	Mailing Address
~~14073 N BAYSHORE DR~~ 6880 46th AVE N. #201	~~14073 N BAYSHORE DR~~ 6880 46th AVE N. #201
~~MADEIRA BCH FL 33708~~ St. Pete, FL 33709	~~MADEIRA BCH FL 33708~~ St. Pete, FL 33709
~~US~~ US	~~US~~ U.S.

2. Principal Place of Business	3. Mailing Address
6880 46th AVE N	6880 46th AVE N
Suite, Apt. #, etc.: #201	Suite, Apt. #, etc.: #201
City & State: St. PETERSBURG, FL	City & State: St PETERSBURG, FL
Zip: 33709 Country: USA	Zip: 33709 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3327652 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOSLIN, JANICE K
~~14073 N BAYSHORE DR~~ 6880 46th AVE N. #201
~~MADERIA BCH FL 33708~~ St. PETERSBURG, FL 33709

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOSLIN, JANICE K 14073 N BAYSHORE DR MADERIA BCH FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOSLIN, JANICE K. 6880 46th AVE N. #201 St. PETERSBURG, FL 33709	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janice K Joslin JANICE K. JOSLIN 2/5/03 727 548-5848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #