

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059407

1. Entity Name
ENGLAND DRYWALL, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90052 035 ***150.00

Principal Place of Business Mailing Address
~~5311 5TH AVE NW~~ **5311 5TH AVE NW**
NAPLES FL 33999 **NAPLES FL 34119-1404**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5311 Hickory Wood Dr. **5311 Hickory Wood Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Naples FL **Naples FL** **65-0598946** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
34119 **34119** **\$8.75**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHMAN, CHARLES C
5455 JAEGER RD
NAPLES FL 34109

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLAND, CARL P JR.	NAME	
STREET ADDRESS	5311 5TH AVE NW	STREET ADDRESS	5311 Hickory Wood Dr.
CITY-ST-ZIP	NAPLES FL 33999	CITY-ST-ZIP	Naples, FL 34119
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Carl P. England* **SIGNATURE REQUIRED** **D** **3/15/00** **941-455-4097**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DIRECTOR Date Daytime Phone #

CR2E034 (9/99)