Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Nan	MENT # P95000 D DRYWALL, INC.	059407				ry of Sta	ate	
Principal Place of Business 5311 HICKORY WOOD DR NAPLES FL 34119		Mailing Address 5311 HICKORY WOOD, DR NAPLES FL 34119		÷				
2. Principal Place of Business		3. Mailing Address		_				
Cuita Ant H ata		Suite, Apt. #, etc.		_	DO NOT WOITE	IN TURO COACE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. 1	FEI Number <b>65-0598946</b>		plied For t Applicable	
Zip Country		Zip	Country		Certificate of Status Desired	□ \$8.75 Add	litional	
	6. Name and Address of Current Re	aistered Agent			Name and Address of New Reg	Fee Require	a	
	-	•	Name			<u>,</u>		
LEHMAN, CHARLES C 5455 JAEGER RD NAPLES FL 34109			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
NAPLES F	-L 34109		City	FL Zip Code				
Tax filing	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After May 1, 200	Registered Agent signature requirements 1! FEE IS \$150.00 02 Fee will be \$550.0 de to Department of \$	0	to. Election Campaign Finar Trust Fund Contribution.		<b>0</b> May Be f to Fees	
11.	OFFICERS AND DIF	RECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLAND, CARL P JR. 5311 HICKORYWOOD DR NAPLES FL 34119	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby indicated of the co-	certify that the information supplied with the don this report or supplemental report is trupper to trusted employed, or on an attachment with an address of the control of	is filing does not qualify for ue and accurate and that n yed to execute this report all other like empowered.	the exemption stated in ny signature shall have the as required by Chapter	Section he same 607, Flori	119.07(3)(i), Florida Statutes. I fi legal effect as if made under oa ida Statutes; and that my name a	urther certify that the ir th; that I am an officer appears in Block 11 or	nformation or director Block 12 if	