FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 795000082516 1. Entity Name

Love Drywall, Inc.



DO NOT WRITE IN THIS SPACE

FILED
May 01, 2003 8:00 am
Secretary of State
05.01.2002.00065.049.***1.50.00

10095753

		And the second				
Principal Place of Business 3. Mailing Address		<u> </u>				
532 Fields Street 532 Field Suite, Apt. #, etc.		Street		DO NOT WRITE IN THIS SPACE		
City & State Orlando Florida	City & State	:1	4.	Number 1 - 33600510	Applied For Not Applicable	
Zip Country	Zip	Country	5 . Ce	ertificate of Status Desired	\$8.75 Additional	
<u> 32825 U.S. </u>	<u> 3a8a5 </u>	<u>u.s.</u>	7. Nan	ne and Address of Current Registe	Fee Required	
Name Webmann, Joseph K.						
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)						
IN THIS SPACE						
Dod Fields Street						
The above named entity submits this statement for	the purpose of changing its re	OLIO	ndo	et or both in the State of Florida La	<u>- 3a8a5</u>	
the obligations of registered agent.	the purpose of changing its re	egisteren omde or ret	Jistereu ager	it, or both, in the state of Florida, I al	mamiliar with, and accept	
CIONATUIS						
SIGNATURE Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signature re	quireo when rein	stating) DATI	E	
January 1 - May 1 Fee to \$150.00 After May 1, Fee is \$550.00				9. Election Campaign Financing	\$5.00 May Be	
Amended UBR is \$61:25 Make Check Payable to Florida Department of	State			Trust Fund Contribution.	☐ Added to Fees	
10. OFFICERS AND D	DIRECTORS	<u> </u>		A STATE OF THE STA		
NAME LIEDMANN, JOSEPH K STREET ADDRESS 532 FIELDS STREET	•	e TITLE NAME				
		STREET ADDRESS	-13-		A service designation of the service of	
CITY-ST-ZIP Orlando, FL 32825	<u> </u>	CITY-ST-ZIP		mile instruction is a constitution of a security of the		
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NAME	~	NAME			in the state of th	
STREET ADDRESS	0	STREET ADDRESS	运车-海		Service and the service of the servi	
CITY-ST-ZIP		CITY-ST-ZIP		0.07(0)() Florido Control (1)		

I nereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR