

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90105 030 ***150.00

DOCUMENT # P96000014043

1. Entity Name

SOUTH END DRYWALL, INC.

Principal Place of Business

**1660 NORTHWEST 13TH AVENUE
 HOMESTEAD FL 33030**

Mailing Address

**1660 NORTHWEST 13TH AVENUE
 HOMESTEAD FL 33030**

2. Principal Place of Business

3. Mailing Address

6441 SW 16 COURT

6441 SW 16 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

No. Ldle., FL

City & State

No. Ldle., FL

Zip

33068

Country

USA

Zip

33068

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VILLA, BRUCE A
 1660 N.W. 13 AVE.
 HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

Name

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

6441 SW 16 COURT

City

No. Ldle.,

FL

Zip Code

33068

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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

TITLE **PSTD** ☐ Delete
 NAME **VILLA, BRUCE A**
 STREET ADDRESS **1660 NORTHWEST 13TH AVENUE**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **VILLA, BRUCE A.**
 STREET ADDRESS **6441 SW 16 COURT**
 CITY-ST-ZIP **No. Ldle., FL 33068**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **Bruce A. Villa** **BRUCE A. VILLA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

954-590-3371

Daytime Phone #

CR2E034 (9/01)