

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020965

1. Entity Name

B & P DRYWALL SPRAY, INC.

FILED

Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90031 047 \*\*\*150.00

Principal Place of Business

Mailing Address

3900 U.S. HIGHWAY 1  
VALKARIA FL 32949

3900 U.S. HIGHWAY 1  
VALKARIA FL 32949-4841

2. Principal Place of Business

3. Mailing Address

1455 Fee Ct. S.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Bay FL

Zip

Country

Zip

Country

32909

Brevard

4. FEI Number 59-3374823

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHEY, JAMES H ESQ.  
200 SOUTH HARBOR CITY BOULEVARD  
SUITE 201  
MELBOURNE FL 32901

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

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, 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**  
NAME **WHITE, BOBBY**  
STREET ADDRESS **1455 FEE CT SE**  
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE  
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CITY-ST-ZIP

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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: Bobby White Bobby White, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-00