

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90056 026 \*\*\*150.00

**DOCUMENT # P96000020965**

**1. Entity Name**  
**B & P DRYWALL SPRAY, INC.**

**Principal Place of Business**

**3900 U.S. HIGHWAY 1**  
**VALKARIA FL 32949**

**Mailing Address**

**1455 FEE CT. S.E.**  
**PALM BAY FL 32909**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**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**

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

**7. Name and Address of New Registered Agent**

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, 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**

**1. TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D**  
**WHITE, BOBBY**  
**1455 FEE CT SE**  
**PALM BAY FL 32909**

☐ Delete

**2. TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**VP**  
**KELLEY, WILLIE N**  
**1937 SE HILLMOON DR #171**  
**PORT SAINT LUCIE FL 34952**

☐ Delete

**3. TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**S**  
**WILHELM, TIMOTHY**  
**1754 STEWART PLACE**  
**MELBOURNE FL 32934**

☐ Delete

**4. TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**5. TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**6. TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**1. TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**2. TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**3. TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**4. TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**5. TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**6. TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**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 President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)