

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056687

1. Entity Name

E&J DRYWALL, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90029 021 ***150.00

Principal Place of Business

231 WEKIVA SPRINGS ROAD
APOPKA FL 32703

Mailing Address

21120 COUNTY RD 44A
EUSTIS FL 32736-7714
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21120 County Rd 44A

3. Mailing Address

Suite, Apt. #, etc.

City & State

Eustis FL

City & State

4. FEI Number

59-3385397

Applied For

Not Applicable

Zip

32736

Country

US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, JOSEPH
21120 COUNTY RD. 44A
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

Jones, Joseph

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

21120 County Road 44A

City

Eustis

FL

Zip Code

32736

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

TITLE PSTD
NAME JONES, JOSEPH
STREET ADDRESS 21120 COUNTY RD. 44A
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE VD
NAME JONES, ERIC
STREET ADDRESS 528 TERRACE VIEW CORE #101
CITY-ST-ZIP ALTAMONT SPRINGS FL 32714 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Joseph Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/00 407-521-9233

CR2E034 (9/99)