

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90234 025 ***150.00

704176



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000058184

1. Entity Name

SURFSIDE DRYWALL, INC.

Principal Place of Business

Mailing Address

~~5001 WHITE SANDS BLVD~~
~~NAVAREE BEACH FL 32566~~

~~P.O. DRAWER 5100~~
~~NAVAREE FL 32566-0100~~
~~US~~

2. Principal Place of Business

2552 Frank Circle

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 309

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

Zip

32561

Country

U.S.

City & State

Gulf Breeze, FL

Zip

32562

Country

U.S.

4. FEI Number

59-3384602

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

FLEMING, EDWARD P
4300 BAYOU BLVD
SUITE 12 & 13
PENSACOLA FL 32501

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	P	<input type="checkbox"/> Delete
NAME	STRANGE, BRAD	
STREET ADDRESS	6031 WHITE SANDS BLVD 2552 Frank Circle	
CITY-ST-ZIP	NAVAREE BEACH FL 32566 Gulf Breeze FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brad Strange

1/14/00

Date

(850) 932-4100

Daytime Phone #

CR2E034 (9/99)