

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072546

1. Entity Name

S & H DRYWALL OF WEST FLORIDA, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90176 009 ***150.00

Principal Place of Business

Mailing Address

3221 E. THOMAS STREET
 INVERNESS FL 34453

3221 E. THOMAS STREET
 INVERNESS FL 34453-3242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3395535

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

KRUEGER, JOSEPH
 3221 E THOMAS ST
 INVERNESS FL 34453

Name

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

3221 E Thomas St

City

Inverness

FL

Zip Code

34453

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 DV ☐ Delete
 NAME WRIGHT, CRAIG D
 STREET ADDRESS 7050 S.E. 181 COURT
 CITY-ST-ZIP MORRISTON 32668

TITLE PST ☐ Change ☒ Addition
 NAME Danny Suggs
 STREET ADDRESS 3221 E Thomas St
 CITY-ST-ZIP Inverness FL 34453

TITLE DV ☐ Delete
 NAME MORKILLIE, LARRY J
 STREET ADDRESS 1476 S.W. BIG BEAR RIDGE
 CITY-ST-ZIP DUNNELLON FL 34431

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

TITLE DV ☐ Delete
 NAME VAUGHN, ROY E JU
 STREET ADDRESS 8823 NORTH WINDBREAK TERRACE
 CITY-ST-ZIP DUNNELLON FL 34433

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

TITLE PST ☒ Delete
 NAME KRUEGER, JOSEPH
 STREET ADDRESS 3221 EAST THOMAS STREET
 CITY-ST-ZIP INVERNESS FL 34453

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/26/00
 Date

352-344-7284
 Daytime Phone #

CR2E034 (9/99)