

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000079286**

1. Entity Name

COMMERCIAL DRYWALL & PLASTERING, INC.

Principal Place of Business

22750 NORTH US HWY. 41
MICANOPY FL 32667

Mailing Address

22750 NORTH US HWY. 41
MICANOPY FL 32667

2. Principal Place of Business

1612 NE 6th Ave

Suite, Apt. #, etc.

3. Mailing Address

1612 NE 6th Ave

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34470

Country

Marion

Zip

34470

Country

Marion

4. FEI Number 59-3401320

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**GIBSON, C. BARRY
22750 NORTH US HWY. 41
MICANOPY FL 32667**7. Name and Address of New Registered Agent**

Name

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

1612 NE 6th Ave

City

Ocala

FL

Zip Code

34470

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

C. Barry Gibson
C. BARRY GIBSON

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE PST
NAME GIBSON, C. BARRY
STREET ADDRESS 22750 NORTH US HWY. 41
CITY-ST-ZIP MICANOPY FL 32667 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VP
NAME Gibson, James c Jr
STREET ADDRESS 1612 NE 6th Ave
CITY-ST-ZIP Ocala, FL 34470 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:

C. Barry Gibson
C. BARRY GIBSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-23-01 (352) 629 6612

Daytime Phone #

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90003 039 ***550.00

AUU70004



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)