2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093150 Apr 18, 2000 8:00 am Secretary of State CUTTER DRYWALL & STUCCO, INC. 04-18-2000 90210 011 ***150.00 Mailing Address Principal Place of Business 6342 FOREST HILL BLVD 8421 PIONEER ROAD WEST PALM BEACH FL 33411 STE 290 WEST PALM BEACH FL 33415-6104 LUUUYUUU Ų\$ 2. Principal Place of Business 3. Mailing Address 8421 Pioneer Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0708242 W. Palm Beach, Florida Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required Palm Beach 33411 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Phylis SRapStephens STEPHENS, GRADY W Street Address (P.O. Box Number is Not Acceptable) 8421 Pioneer Road 8421 PIONEER RD WEST PALM BEACH FL 33411 Zip Code 33411 West Palm Beach 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. Phylis R. Stephens April 12, nnina SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD ☐ Change ☐ Addition X Delete TITLE TITLE STEPHENS, GRADY W NAME NAME STREET ADDRESS STREET ADDRESS 8421 PIONEER RD CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-7(P ☐ Addition vpsd ☐ Delete 🙀 Change TITLE TITLE STEPHENS, PHYLIS R NAME NAME Phylis R. Stephens STREET ADDRESS STREET ADDRESS 8421 PIONEER RD 8421 Pioneer Road CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33411 West Palm Beach, Fl. 33411 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phylis R. Stephens

April 12, 2000

561-798-3409

Daytime Phone #