

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097065

1. Entity Name
BILLY EVANS DRYWALL, INC.

Principal Place of Business

4614 GONDOLIER ROAD
SPRING HILL FL 34609

Mailing Address

4614 GONDOLIER ROAD
SPRING HILL FL 34607-3006

2. Principal Place of Business

4303 BISCAYNE DR
Suite, Apt. #, etc.

3. Mailing Address

4303 BISCAYNE DR.
Suite, Apt. #, etc.

City & State

SPRING HILL FL.

City & State

SPRING HILL, FL

4. FEI Number

59-3411200

Applied For

Not Applicable

Zip

34607

Country

HERNANDO

Zip

34607

Country

HERNANDO

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, BILLY
4614 GONDOLIER ROAD
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name

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

4303 BISCAYNE DR.

City

SPRING HILL FL

Zip Code

34607

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	D	<input type="checkbox"/> Delete
NAME	EVANS, BILLY	
STREET ADDRESS	4614 GONDOLIER ROAD	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EVANS, TOMMY	
STREET ADDRESS	4614 GONDOLIER RD	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	EVANS, TAWNDR	
STREET ADDRESS	4614 GONDOLIER RD	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4303 BISCAYNE DR	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4303 BISCAYNE DR	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS	Sims, Ron	
CITY-ST-ZIP	4303 Biscayne Dr Spring Hill, FL 34607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Billy R. Evans REQUIRE Billy R EVANS Pres. 352-597-226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90145 018 ***150.00

655461



DO NOT WRITE IN THIS SPACE