2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # **P97000018868** --1. Entity Name MAJOR DRYWALL, INC. 02-01-2001 90190 013 ***150.00 Mailing Address Principal Place of Business -1137 EDGEWATER DRIVE 1137 EDGEWATER DRIVE ORLANDO FL 32804 ORLANDO EL 32804 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3429347 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEVERNS, KEITH N Street Address (P.O. Box Number is Not Acceptable) 1137 EDGEWATER DRIVE ORLANDO FL 32804 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE D ☐ Detete TITLE NAME SEVERNS, KEITH N STREET ADDRESS STREET ADDRESS 1137 EDGEWATER DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME **BROWN, TIMOTHY** NAME STREET ADDRESS STREET ADDRESS 1137 EDGEWATER DRIVE CITY-ST-7IP CITY-ST-ZIP **ORLANDO FL 32804** Change ☐ Addition TITLE Delete NAME GIFFORD, JOHN NAME STREET ADDRESS STREET ADDRESS 1137 EDGEWATER DRIVE CITY - ST - ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Addition ☐ Change ☐ Delete TITLE NAME GIFFORD, DAPHENE STREET ADDRESS STREET ADDRESS 1137 EDGEWATER CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 expowered.