

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000019857**

1. Entity Name

SOUTHERN DRYWALL OF PENSACOLA, INC.**FILED**
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90089 035 ***150.00

Principal Place of Business

**7633 JAMESVILLE RD
PENSACOLA FL 32526**

Mailing Address

**7633 JAMESVILLE RD
PENSACOLA FL 32526**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7633 Jamesville Rd
Suite, Apt. #, etc.

3. Mailing Address

7633 Jamesville Rd
Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number

59-3434608

Applied For

Not Applicable

Zip

Country

32526 USA

Zip

Country

32526 USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, JOSEPH JR
7633 JAMESVILLE RD
PENSACOLA FL 32526**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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 **P** ☐ Delete
NAME **ALLEN, JOSEPH R JR**
STREET ADDRESS **7633 JAMESVILLE RD**
CITY-ST-ZIP **PENSACOLA FL 32526**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V.P** ☐ Change ☒ Addition
NAME **Chris Allen**
STREET ADDRESS **3550 Applewood Ln.**
CITY-ST-ZIP **Pensacola FL 32533**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Joseph R. Allen Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/02 (850) 944-6926

Daytime Phone #

CR2E034 (9/01)