

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020672

1. Entity Name

STEPHENS DRYWALL TEXTURES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90264 045 ***150.00

Principal Place of Business

5741 PINE STREET
TANGERINE FL 32777

Mailing Address

POST OFFICE BOX 53
TANGERINE FL 32777-0053

2. Principal Place of Business

420 QUAIL WOOD LANE

Suite, Apt. #, etc.

3. Mailing Address

420 QUAIL WOOD LANE

Suite, Apt. #, etc.

City & State
APOPKA FL

Zip
32712

Country

ORANGE

City & State
APOPKA FL

Zip
32712

Country

ORANGE

4. FEI Number

59-3433288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, TONY W

5741 PINE STREET

TANGERINE FL 32777

420 Quail Wood Lane
Apopka FL 32712

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, 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 ☐ Delete
NAME P
STREET ADDRESS STEPHENS, TONY W
CITY-ST-ZIP 5741 PINE STREET
TANGERINE FL 32777

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Tony W Stephens
STREET ADDRESS 420 Quail Wood Lane
CITY-ST-ZIP Apopka FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ 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: *Tony W Stephens*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

407-880-0477

Date

Daytime Phone #

CR2E034 (9/99)