## 2000 UNIFORM BUSINESS REPORT (UBR)

## $\mathtt{FILED}$ May 08, 2000 8:00 am Secretary of State DOCUMENT # P97000071804 PINELLAS DRYWALL, INC. 05-08-2000 90038 006 \*\*\*150.00 Mailing Address Principal Place of Business 8100 PARK BLVD 8100 PARL BLVD PINELLAS PARK FL 33781-3778 PINELLAS PARK FL 33781 US US. 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3466982 Not Applicable \$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 BOHAN, BRUCE Street Address (P.O. Box Number is Not Acceptable) 6939 80TH TERRACE N. PINELLAS PARK FL 33781 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, 2000 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. Change Addition D Delete TITLE TITLE NAME NAME BOHAN, BRUCE STREET ADDRESS STREET ADDRESS 6939 80TH TERRACE N. CITY-ST-ZiP CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME BOHAN, DANTYS NAME STREET ADDRESS STREET ADDRESS 6939 80TH TERRACE N. CITY-ST-7IP CITY-ST-ZIP PINELLAS PARK FL 33781 Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ... ... Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete

13. I hereby certify that the information supplied with this filling 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-7IP

