

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90019 049 ***150.00

DOCUMENT # P97000073684

1. Entity Name

Y & M DRYWALL, INC.

Principal Place of Business

2657 55TH TERRACE S.W.
 APT-B
 NAPLES-FL-34116-7531

Mailing Address

2657-55TH-TERRACE-S.W.
 APT-B
 NAPLES-FL-34117-2282

2. Principal Place of Business

821 7th St. SW

3. Mailing Address

821 7th St. SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL 3

City & State

Naples, FL

Zip 34117

Country

Collier

Zip 34117

Country

Collier

4. FEI Number

59-3464056

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, JAMES C JR
 2121 COUNTY ROAD 951
 SUITE 101
 GOLDEN GATE FL 34116-6543

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)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME CATALAN, MARCELO
 STREET ADDRESS 2657 55TH TERRACE S.W. APT B
 CITY-ST-ZIP NAPLES FL 34116-7531

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VTSD
 NAME TEJADA, YANIRA I
 STREET ADDRESS 2657 55TH TERRACE S.W. APT B
 CITY-ST-ZIP NAPLES FL 34116-7531

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 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Yanira I. Tejada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00 (941) 352-2822

CR2E034 (9/99)