

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

0606091

05-10-2001 90125 016 ***150.00

DOCUMENT # P97000095430
 1. Entity Name
F.G. DRYWALL CONSTRUCTION, INC.

Principal Place of Business 792 MONTROSE ST CLERMONT FL 34711 US	Mailing Address 792 MONTROSE ST CLERMONT FL 34711 US
---	---

2. Principal Place of Business P.O. BOX 1106 Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 1106 Suite, Apt. #, etc.
--	--

City & State MASCOTTE, FL.	City & State MASCOTTE, FL.	4. FEI Number 59-3480428	Applied For Not Applicable
Zip 34753	Country LAKE	Zip 34753	Country LAKE



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JORDAN, EDWARD P II
13543 EAST HWY. 50
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUADAMOZ, FRANCISCO 53 BLUFF LAKE ROAD MASCOTTE FL 34753	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUADAMUZ, INES 53 BLUFF LAKE ROAD MASCOTTE FL 34753	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUADAMUZ, FRANCISCO 53 BLUFF LAKE ROAD MASCOTTE, FL 34753	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUADAMUZ, INES 53 BLUFF LAKE ROAD MASCOTTE, FL 34753	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Francisco Guadamuz Date: 4-27-01 Daytime Phone #: (352) 242-9429

CR2E034 (10/00)