

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/15

FILED

Jul 11, 2000 8:00 am  
Secretary of State

07-11-2000 90002 029 \*\*\*400.00  
06-15-2000 90003 014 \*\*\*150.00

DOCUMENT # P98000012193

1. Entity Name

PROFESSIONAL DRYWALL & SPRAY SERVICES, INC. ✓ ✓

Principal Place of Business

Mailing Address

6003 39TH AVENUE WEST  
BRADENTON FL 34209

6003 39TH AVENUE WEST  
BRADENTON FL 34209-1032

2. Principal Place of Business

3. Mailing Address

6441 B 19th St E

6441 B 19th St E

Suite, Apt. #, etc.

Sarasota FL

City & State

Zip

34243

Country

USA

Zip

34243

Country

USA

4. FEI Number

65-0809817

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

SCHMIDT, RON E  
3608 36TH STREET-EAST  
BRADENTON FL 34208-7213

Name Charles T. Sprague

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

6441 B 19th St E

City Sarasota

FL

Zip Code

34243

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SPRAGUE, CHARLES T	
STREET ADDRESS	6003 39TH AVE. WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Sprague, Charles T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6441 B 19th St. E.	
STREET ADDRESS	Sarasota, FL 34243	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Charles T. Sprague*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/00

Daytime Phone #

CR2E(3/4 (9/93)