

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90044 046 ***150.00

DOCUMENT # P98000014175

1. Entity Name
J & M DRYWALL, INC.

Principal Place of Business Mailing Address
48 PENNSYLVANIA AVE **48 PENNSYLVANIA AVE**
OSPREY FL 34229 **OSPREY FL 34229**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0809966** 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

MCCLURE, GILBERT
48 PENNSYLVANIA AVE
OSPREY FL 34229

Name **Stanley A. Goldsmith, Attorney at Law**
 Street Address (P.O. Box Number is Not Acceptable)
1605 Main Street, Suite 1001
Sarasota, FL 34236
 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, 2001 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 **P** ☐ Delete
 NAME **MCCLURE, JESSE**
 STREET ADDRESS **2677 NANCY ST**
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **D,P** ☒ Change ☒ Addition
 NAME **McClure, Jesse G.**
 STREET ADDRESS **(address unchanged)**
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **MCCLURE, JOSHUA**
 STREET ADDRESS **48 PENNSYLVANIA AVE**
 CITY-ST-ZIP **OSPREY FL 34229**

TITLE **D,VP,AT** ☒ Change ☒ Addition
 NAME **McClure, Joshua G.**
 STREET ADDRESS **(address unchanged)**
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **PARRES, MICHAEL**
 STREET ADDRESS **235 GLENNWOOD ST**
 CITY-ST-ZIP **OSPREY FL 34229**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D,S,T** ☐ Change ☒ Addition
 NAME **McClure, Gilbert**
 STREET ADDRESS **48 Pennsylvania Avenue**
 CITY-ST-ZIP **Osprey, FL 34237**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Gilbert McClure

Gilbert McClure, Secretary/Treasurer 941-955-4990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0407183