2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000025955 Sep 14, 2000 8:00 am Secretary of State DON SPITTLER DRYWALL, INC. 09-14-2000 90014 017 ***558.75 Principal Place of Business Mailing Address 949 HOOD AVE 949 HOOD AVE PORT CHARLOTTE FL 33948 PORT CHARLOTTE FL 33948 2. Principal Place of Business 3. Mailing Address 25412 Pulisacle Road 25412 Palisade Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3503603 Punta Punta Gordo Gorda, Florida Not Applicable \$8.75 Additional 5. Certificate of Status Desired us Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPITTLER, DONALD T JR. 949 HOOD AVE PORT CHARLOTTE FL 33948 48. 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 (new allows **SIGNATURE** FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE Spittler, Donald T. Jr. 25412 Palisacle Road SPITTLER, DONALD T JR. NAME NAME STREET ADDRESS STREET ADDRESS 949 HOOD AVE Punta Goida, FL. 33983 CITY-ST-7IP CITY-ST-ZIP PORT CHARLOTTE FL 33948 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.