

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90079 040 ***150.00

0051888

DOCUMENT # P98000Q30931

1. Entity Name

24 HOUR DRYWALL, INC.

Principal Place of Business

**1324 AVENUE DEL SOL
 WINTER SPRINGS FL 32708-5001**

Mailing Address

**1324 AVENUE DEL SOL
 WINTER SPRINGS FL 32708-5001**

2. Principal Place of Business

137 Tangerine Ave.
 Suite, Apt. #, etc.

3. Mailing Address

137 Tangerine Ave.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Oviedo, FL

City & State
Oviedo, FL

4. FEI Number **59-3506882**

Applied For
 Not Applicable

Zip
32765

Country
USA

Zip
32765

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SCRIBNER, DAWN
 1324 AVENUE DEL SOL
 WINTER SPRINGS FL 32708-5001**

7. Name and Address of New Registered Agent

Name

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

137 Tangerine Ave.

Oviedo, FL 32765

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 **Dawn Scribner - DAWN Scribner**

3/28/01

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

TITLE **P** ☐ Delete
 NAME **SCRIBNER, DAWN**
 STREET ADDRESS **1324 AVENUE DEL SOL**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708-5001**

TITLE **VP** ☐ Delete
 NAME **SCRIBNER, KEVIN W**
 STREET ADDRESS **1324 AVE DEL SOL**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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: **Dawn Scribner - DAWN scribner**

3/28/01

407/977-7972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)