2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000050123** Mar 01, 2000 8:00 am **Secretary of State** JONATHAN DRYWALL, INC 03-01-2000 90020 044 ***150.00 Principal Place of Business Mailing Address 22825 N. SANDFOOT BLVD. 22825 N. SANDFOOT BLVD. **BOCA RATON FL 33428 BOCA RATON FL 33428** 3. Maling Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-0822957 Not Applicable Country \$8.75 Additional Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name GOMEZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 22825 N. SANDALFOOT BLVD. **BOCA RATON FL 33428** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE GOMEZ, JOSELUIS NAME NAME STREET ADDRESS 22825 N SANDAL FAST BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE BOCA RATON FL 33428 ☐ Addition ☐ Change TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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CITY-ST-ZIP

We move the new adress is 10136 AQUA Vista Way Boca Raton FJ 33428