

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063823

1. Entity Name
ISLAND DRYWALL, INC.

Principal Place of Business

P.O. BOX 1344
SEBASTIAN FL 32978

Mailing Address

P.O. BOX 1344
SEBASTIAN FL 32978

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 59-3524361

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIER, TONY
1343 CLEARBROOK STREET
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GRIER, TONYE	
STREET ADDRESS	1343 CLEARBROOK STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRIER, PATRICE K	
STREET ADDRESS	1343 CLEARBROOK STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRIER, VALERIE	
STREET ADDRESS	1343 CLEARBROOK STREET	
CITY-ST-ZIP	SEBASTIAN FL 32458	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNES, DAVID L	
STREET ADDRESS	1343 CLEARBROOK ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNES, ALMA L	
STREET ADDRESS	1343 CLEARBROOK ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES DAVID L	
STREET ADDRESS	802 MAJESTIC ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES ALMA L	
STREET ADDRESS	802 MAJESTIC STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALERIE GRIER	
STREET ADDRESS	1343 CLEARBROOK ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

VALERIE GRIER *Valerie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

561-389-4103

Daytime Phone #

CR2E034 (10/00)

0615136

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90006 011 ***150.00



DO NOT WRITE IN THIS SPACE