

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072330

1. Entity Name

DORSEY DRYWALL, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90338 045 ***150.00

Principal Place of Business

Mailing Address

RT 2, BOX 149
 MICANOPY FL 32667

RT 2, BOX 149
 MICANOPY FL 32667-9712

2. Principal Place of Business

12014 SW 1st Street

3. Mailing Address

12014 SW 1st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Micanopy Florida

City & State
 Micanopy, Florida

4. FEI Number 59-3528523

Applied For
 Not Applicable

Zip 32667 Country U.S.A.

Zip 32667 Country U.S.A.

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

DORSEY, ALBERT F
 RT 2, BOX 149
 MICANOPY FL 32667

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 reinstalling)

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, 2000 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	<input type="checkbox"/> Delete
NAME	DORSEY, ALBERT F	
STREET ADDRESS	12014 SW 1ST ST	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DORSEY, DANNETTE	
STREET ADDRESS	12014 SW 1ST ST	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)