

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079388

1. Entity Name

WELLINGTON DRYWALL OF FLORIDA, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90087 045 ***150.00

Principal Place of Business Mailing Address
732 NE 12TH TERR 732 NE 12TH TERR
BOYNTON BCH FL 33435 BOYNTON BCH FL 33435-3222
US US

2. Principal Place of Business 3. Mailing Address
152 Baywood Avenue 152 Baywood Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.

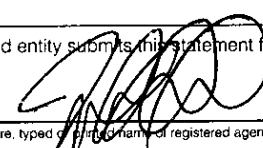
City & State City & State
Longwood, Florida Longwood, Florida
Zip Zip
32750 32750
Country Country
USA USA

4. FEI Number 65-0863116
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEMIEUX, MURIEL
5591 N. WINSTON PARK BLVD., #305
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent
Name Pohl & Short, P.A.
Street Address (P.O. Box Number is Not Acceptable) 280 W. Canton Avenue, Suite 410
City Winter Park FL 32789

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  DATE 4-4-2000
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ 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	PSTD	<input checked="" type="checkbox"/> Delete	TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEMIEUX, MURIEL		NAME	Richard E. Walker	
STREET ADDRESS	732 NE 12TH TERR #8		STREET ADDRESS	6875 Hidden Glade Place	
CITY-ST-ZIP	BOYNTON BCH FL 33435		CITY-ST-ZIP	Sanford, FL 32777	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE  DATE 4-4-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)