

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087473

1. Entity Name

ALFREDOS DRY WALL FINISH, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90112 017 ***150.00

Principal Place of Business

2215 GREENBACK CIRCLE
#201
NAPLES FL 34112
US

Mailing Address

2215 GREENBACK CIRCLE
#201
NAPLES FL 34104-6983
US

00006684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2017 River Reach Dr

3. Mailing Address

2017 River Reach Dr

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

30

City & State

Naples FL

City & State

Naples FL

4. FEI Number

59-3543703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVA, ALFREDO SR
2215 GREENBACK CIRCLE #201
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name

Alfredo Silva Jr

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

2017 River Reach Dr #306

City

Naples

FL

Zip Code

34104

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, 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

TITLE PD
NAME SILVA, ALFREDO SR
STREET ADDRESS 2215 GREENBACK CIRCLE #201
CITY-ST-ZIP NAPLES FL 34112

☐ Delete

TITLE VSD
NAME SILVA, ALFREDO JR
STREET ADDRESS 2215 GREENBACK CIRCLE #201
CITY-ST-ZIP NAPLES FL 34112

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941)

Daytime Phone #

430-3654

CR21 (01-01-00)