

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087473

1. Entity Name

ALFREDOS DRY WALL FINISH, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90006 015 ***150.00

Principal Place of Business 2017 RIVER REACH DR. 306 NAPLES FL 34104 US	Mailing Address 2017 RIVER REACH DR. 306 NAPLES FL 34104 US
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2. Principal Place of Business 4225 31st Pl SW Suite, Apt. #, etc.	3. Mailing Address 4225 31st Pl SW Suite, Apt. #, etc.
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City & State Naples FL	City & State Naples FL	4. FEI Number 59-3543703	Applied For Not Applicable
Zip 34116	Country Collier	Zip 34116	Country Collier



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SILVA, ALFREDO SR 2017 RIVER REACH DR 306 NAPLES FL 34104	7. Name and Address of New Registered Agent Name: Alfredo Silva Sr. Street Address (P.O. Box Number is Not Acceptable) 4225 31st Pl SW City: Naples FL Zip Code: 34116
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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]* (NOTE: Registered Agent signature required when reinstating) DATE: 1-24-01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$160.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVA, ALFREDO SR 2017 RIVER REACH DR #308 NAPLES FL 34104 <i>4225 31st Pl SW Naples, FL 34116</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSDT SILVA, ALFREDO JR 2017 RIVER REACH DR. #308 NAPLES FL 34104 <i>4225 31st Pl SW Naples, FL 34116</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1-24-01 DAYTIME PHONE #

CR2E034 (10/00)