

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 08:00 AM
Secretary of State

DOCUMENT # P98000087787

1. Entity Name
 GULF COAST DRYWALL & STUCCO, INC.

Principal Place of Business 17341-B ALICO CENTER RD. FT. MYERS 33912 FL US	Mailing Address 17341-B ALICO CENTER RD. FT. MYERS 33912 FL US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0869707	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOITZKY EDWARD L
 223 TAYLOR STREET
 PUNTA GORDA FL 33950 US

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 _____ DATE **07/05/2000**
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	D	<input type="checkbox"/> Delete	
NAME	BOWMAN W T		
STREET ADDRESS	6268 WESTSHORES DR. APT. E-2		
CITY-ST-ZIP	FORT MYERS FL 33907		
TITLE	D	<input type="checkbox"/> Delete	
NAME	VELTRE JOAN		
STREET ADDRESS	12680 EAGLE ROAD		
CITY-ST-ZIP	CAPE CORAL FL 33909		
TITLE	D	<input type="checkbox"/> Delete	
NAME	CASMAN DAVID M		
STREET ADDRESS	2422 SOUTHEAST 28TH STREET		
CITY-ST-ZIP	CAPE CORAL FL 33904		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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			
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: Joan Veltre DATE: 07/05/2000