

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102864

1. Entity Name

GREAT EASTERN DRYWALL, INC.

APPROVED  
AND  
FILED

00 SEP 19 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~829 LOCKLEAR AVE~~  
~~SARASOTA FL 34237~~

2241 Lynn Street  
Sarasota, FL 34231

Mailing Address

~~829 LOCKLEAR AVE~~  
~~SARASOTA FL 34237~~

2241 Lynn St.  
Sarasota, FL  
34231

2. Principal Place of Business

2241 Lynn St

Suite, Apt. #, etc.

3. Mailing Address

2241 Lynn St.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip 34231

Country USA

Zip 34231

Country USA

4. FEI Number

65-0881925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRIDGES, STEPHEN

~~829 LOCKLEAR AVE~~  
~~SARASOTA FL 34237~~

7. Name and Address of New Registered Agent

Name

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

2241 Lynn St.

City

Sarasota

FL

Zip Code 34231

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

9-15-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	BRIDGES, STEPHEN W	
STREET ADDRESS	<del>829 LOCKLEAR AVE</del>	
CITY-ST-ZIP	<del>SARASOTA FL 34237</del>	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRIDGES, STEPHEN W	
STREET ADDRESS	329 LOCKLEAR AVE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Stephen Bridges (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2241 Lynn St.	
STREET ADDRESS	Sarasota, FL 34231	
CITY-ST-ZIP		
TITLE	(P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Bridges	
STREET ADDRESS	2241 Lynn St.	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	(VP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francisco Martinez	
STREET ADDRESS	2241 Lynn St.	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francisco Martinez	
STREET ADDRESS	2241 Lynn St.	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

800003441238-9

-10/26/00-01108-023

\*\*\*\*550.00

\*\*\*\*550.00

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

9-15-00

Date

941-925-7476

Daytime Phone #