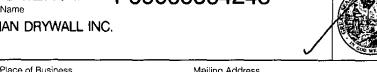
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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P99000004246





FILED Jun 18, 2003 8:00 am Secretary of State 06-18-2003 90019 021 ***550.00

HOILMAN	N DRYWALL INC.				00 10 2003 50015 01	21 330.0	, 0
Principal Place of Business 617 N TEMPLE AVE STARKE FL 32091		Mailing Address 617 N TEMPLE AVE STARKE FL 32091		 	11 88 114 81448 1484		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 59-3256164 Applied For Not Applicate		pplied For ot Applicable
Zip Country		Zip			5. Certificate of Status Desired S8.75 Additional Fee Required.		
	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New Registered	i Agent	
HOILMAN, BESSIE				Name Street Address (F	P.O. Box Number is Not Acceptable)		
RT.4 BOX STARKE I			}				
	_	•	, [City	F	Zip Cod	e
the obligation of the obligati	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	nt and title it applicable. (NOTE		Agent signature required	9. Election Campaign Financing	\$5.0	O May Be
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOILMAN, BESSIE RTE 4, BOX 137 STARKE FL 32091	☐ Delete	TITLE NAME	ADDRESS ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLMAN, OSCAR RTE 4, BOX 137 STARKE FL 32091	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS it-zip		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS (CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sartify that the information symplical will	☐ Delete	CITY-S		itigo 110 07/3V() Elocido Statuto I further co	Change	Addition

Instead 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 fact 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 3 SONS

Date

Daytime Phone #