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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
02-14-2000 90039 047 ***163.75

DOCUMENT # P99000007556

1. Entity Name

R.J. DRY WALL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 391341 DELTONA FL 32739-1341	P.O. BOX 391341 DELTONA FL 32739-1341

400157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO. BOX 5793	PO BOX 5793
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DeltoNA Fl	City & State DeltoNA Fl
Zip 32728 Country USA	Zip 32728 Country USA

4. FEI Number 59-3554843 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, JOSUE
1915 LAREDO DR.
DELTONA FL 32738

7. Name and Address of New Registered Agent

Name MEDINA JOSUE
Street Address (P.O. Box Number is Not Acceptable) 1353 Rockhill st
City DeltoNA FL Zip Code 32725

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 Josue Medina V. President [signature] DATE 2/8/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Raul Fernandez 1874 Gatewood Dr DeltoNA Fl 32738	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Josue Medina 1353 Rockhill st DeltoNA Fl 32725	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
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CR2E034 (9/99)

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 REQUIRED [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #