2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am § Secretary of State **DOCUMENT #** P99000007556 1. Entity Name 03-26-2002 90040 041 ***150.00 R.J. DRY WALL, INC. Principal Place of Business Mailing Address P.O. BOX 391341 P.O. BOX 391341 **DELTONA FL 32739-1341 DELTONA FL 32739-1341** 2. Principal Place of Business 1545 BRAYTON Cin 3. Mailing Address BRAYTON COr 545 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3554843 ITON A ITONA Not Applicable ountry \$8.75 Additional 5. Certificate of Status Desired 1/010510 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7ERNANDEZ FERNANDEZ, RAUL Street Address (P.O. Box Number is Not Acceptable) 1874 GATEWOOD DR **DELTONA FL 32738** City Zip Code 3272 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 3 (1-02 SIGNATURE registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE Change Change ☐ Addition Raul O. Fernandez 1545 Brayton Cir. NAME FERNANDEZ, RAUL NAME 1874 GATEWOOD DRIVE STREET ADDRESS STREET ADDRESS De/tona, FC. 32725 CITY-ST-ZIP **DELTONA FL 32738** CITY-ST-ZIP VΡ ☐ Delete TITLE Change ☐ Addition Awilda Fernandez NAME FERNANDEZ, AWILDA NAME 1545 Brayton eir. STREET ADDRESS 1874 GATEWOOD DR. STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32738** CITY-ST-ZIP TITLE - . □ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

REQUIRED

SIGNATURE:

FILED

Daytime Phone #