

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007987

1. Entity Name
C & R LOPEZ DRYWALL, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90012 038 ***150.00

Principal Place of Business
26640 TOKEN CT
BONITA SPRINGS FL 34135
9519 Coral Lee Ave
Estero, FL 33928

Mailing Address
26640 TOKEN CT
BONITA SPRINGS FL 34135
9519 Coral Lee Ave
Estero, FL 33928



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9519 Coral Lee Ave
Suite, Apt. #, etc.

3. Mailing Address
9519 Coral Lee Ave
Suite, Apt. #, etc.

City & State
Estero, FL

City & State
Estero FL

Zip
FL 33928

Country
USA

Zip
33928

Country
USA

4. FEI Number 65-0888006

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAHL-LOPEZ, REBECCA
26640 TOKEN CT
BONITA SPRINGS FL 34135
9519 Coral Lee Ave
Estero, FL 33928

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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P PAHL-LOPEZ, REBECCA 26640 TOKEN COURT BONITA SPRINGS FL 34135 9519 Coral Lee Ave Estero FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Officer Lopez, Claudio 9519 Coral Lee Ave Estero FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rebecca Pahl-Lopez Date: 2/14/01 Daytime Phone #: 941/992-6412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)