


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P99000010414
 1. Entity Name Drywall and Textures, Inc



03 OCT 15 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 392299 Prospect Lndg
 Suite, Apt. #, etc.

3. Mailing Address 392299 Prospect Lndg
 Suite, Apt. #, etc.

700023798847
 10/15/03 -- 01004 -- 004 #150.00
REINSTATEMENT
 DO NOT WRITE IN THIS SPACE

City & State Hilliard, FL

City & State Hilliard, FL

Zip 32044 Country Nassau Zip 32046 Country Nassau

4. FEI Number 593556562 Applied For Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Timothy J. Poturich

Street Address (P.O. Box Number is Not Acceptable) 392299 Prospect Lndg.

City Hilliard FL Zip Code 32044

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Timothy J. Poturich 392299 Prospect Lndg. Hilliard, FL. 32046</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice-President Glenda Harrell 392299 Prospect Lndg Hilliard, Florida 32046</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenda Harrell, Glenda Harrell 10-10-03 (904)845-7919
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

October 9, 2003

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CR2E034B (12/02)