## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver o changed, or on an attachment with

SIGNATURE: 2

trustee empowers

## Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P99000017194** 04-17-2000 90046 026 \*\*\*150 00 GOLIATH DRYWALL & CEILING SYSTEMS, INC. Principal Place of Business Mailing Address 921 S.W. 16TH STREET 921 S.W. 16TH STREET FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315-1632 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65 - 098 78 78 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHITCOMB, JOE Street Address (P.O. Box Number is Not Acceptable) 921 S.W. 16TH STREET FORT LAUDERDALE FL 33315 Zip Code surpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named 4-10-00 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This ration is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be ing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax Trust Fund Contribution. Added to Fees criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Change ☐ Delete TITLE TITLE WHITCOMB, JOE NAME NAME STREET ADDRESS STREET ADDRESS 921 S.W. 16TH STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change\_ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE D Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP 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 accounted 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 of trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

oseph Whitcomb 4-10-00