

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90068 025 ***150.00

DOCUMENT # P99000035481

1. Entity Name
STEVE GANTJOS DRYWALL & CUSTOM WOODWORKS, INC.

Principal Place of Business **Mailing Address**
2751 MCCORMICK WOODS DRIVE **2751 MCCORMICK WOODS DRIVE**
JACKSONVILLE FL 32225 **JACKSONVILLE FL 32225**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-8569164**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GANTJOS, STAVROS A
2751 MCCORMICK WOODS DRIVE
JACKSONVILLE FL 32225

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☐ Delete
NAME **GANTJOS, STAVROS**
STREET ADDRESS **2751 MCCORMICK WOODS DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **V** ☒ Delete
NAME **HAWKINS, COREY**
STREET ADDRESS **1504 PERRY ST**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **S** ☐ Delete
NAME **FULLER, EDDIE**
STREET ADDRESS **2117 BRACKLAND ST**
CITY-ST-ZIP **JACKSONVILLE FL 32200**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Ronald Merritt**
STREET ADDRESS **3952 Atlantic Blvd**
CITY-ST-ZIP **Jacksonville FL 32207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: Stavros Gantjos 1/15/02 (904) 221-9857
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)