2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000049934** May 09, 2000 8:00 am Secretary of State APACE DRYWALL, INC. 05-09-2000 90057 020 ***158.75 Principal Place of Business Mailing Address 535 BALD EAGLE ROAD 535 BALD EAGLE ROAD ORANGE PARK FL 32073 ORANGE PARK FL 32073-8003 **ACU57625** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3591493 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LONG, DONALD Street Address (P.O. Box Number is Not Acceptable) 535 BALD EAGLE ROAD **ORANGE PARK FL 32073** 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITL F TITLE Delete LONG . SR. DONALD LONG, DONALD SR. NAME NAME 535 Bald Eagle Rd. 535 BALD EAGLE ROAD STREET ADDRESS STREET ADDRESS Orange Park, FL. 32073 CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE LONG, SHEILA NAME NAME 535 BALD EAGLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP Change Addition TITLE" TITLE ☐ Delete LONG, JR DONALD 2955 BOLOXÍ Trail Middleburg, FL 32668 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS 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:

Shelle Rihang RE Shella R. Long

1-26-11

1904 264-5829

Daytime Phone #