

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049934

1. Entity Name  
APACE DRYWALL, INC.

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90209 004 \*\*\*150.00

Principal Place of Business  
535 BALD EAGLE ROAD  
ORANGE PARK FL 32073

Mailing Address  
535 BALD EAGLE ROAD  
ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3591493**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**LONG, DONALD**  
**535 BALD EAGLE ROAD**  
**ORANGE PARK FL 32073**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, DONALD SR</b>	
STREET ADDRESS	<b>535 BALD EAGLE ROAD</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, SHEILA</b>	
STREET ADDRESS	<b>535 BALD EAGLE ROAD</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LONG, DONALD JR</b>	
STREET ADDRESS	<b>2955 BILOXI TRAIL</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL 32668</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>LONG, DONALD JR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>205 Bush Ct.</b>	
STREET ADDRESS	<b>Brown Cove Spc, 2d.</b>	
CITY-ST-ZIP	<b>32043</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sheila R. Long Sec 3/24/01 1904 284-5829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)