04/25/2002 17:08 FAX 9042624585 BEIR&FISCHER

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90156 036 ***150.00

FORPROFITCORPORATION UNIFORMBUSINESSREPORT(UBR)

200

DOCUMENT# P99000049934

1. EntityName
A pace Drywall, Inc.

DO NOT WRITE IN THIS SPACE

DONOTWRITEINTHISSPACE

2. PrincipalPlaceofBusiness		3. MailingAddress	
2175 Kingsley Ave.		2175 Kingsley Ave.	
Suite,Apt.#,etc. Suite 201		Suite,Apt #,etc. Suite 201	
City&State Orange Park, FL		City&State Orange Park, FL	
Zip 32073	Country USA	Zip 32073	Country USA

4. FEINumber 59-3591493 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ $8.75 Additional FeeRequired

DO NOT WRITE IN THIS SPACE

7. NameandAddressofCurrentRegisteredAgent
Name Don B. Long, Sr.
StreetAddress (P.O.BoxNumberisNotAcceptable) 208 Bush Ct.
City Green Cove Springs, FL FL ZipCode 32043

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,in theStateofFlorida.

SIGNATURE ______________________ DATE ______

9. Thiscorporationiseligibletosatisfyitsintangible Taxfilingrequirementandelectstodoso. (Seecriteriaonback) ☒

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

10. ElectionCampaignFinancing TrustFundContribution. ☐ $5.00 MayBe AddedtoFees

11. OFFICERSANDDIRECTORS

TITLE	President
NAME	Don B. Long, Sr.
STREETADDRESS	208 Bush Ct.
CITY-ST-ZIP	Green Cove Springs, FL 32043
TITLE	Vice President
NAME	Don Long, Jr.
STREETADDRESS	205 Bush Ct.
CITY-ST-ZIP	Green Cove Springs, FL 32043
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section 119.07(3)(i), Florida Statutes. Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-26-02 (904) 375-1167

SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone