

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-09-2003 90164 040 ***150.00

DOCUMENT # P99000049934

1. Entity Name
APACE DRYWALL, INC.



Principal Place of Business
**2175 KINGSLEY AVE
SUITE 201
ORANGE PARK FL 32073**

Mailing Address
**2175 KINGSLEY AVE
SUITE 201
ORANGE PARK FL 32073**



2. Principal Place of Business
P.O. 8149

3. Mailing Address
P.O. 8149

☒ CHECK HERE IF MAKING CHANGES

City & State
Fleming Island, FL

City & State
Fleming Island FL

4. FEI Number
59-3591493

Applied For
☐ Not Applicable

Zip
32006

Country
Clay

Zip
32006

Country
Clay

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

**LONG, DONALD
208 BUSH CT
GREEN COVE SPRINGS FL 32043**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **4-8-03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LONG, DONALD SR
208 BUSH CT
GREEN COVE SPRINGS FL 32043** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LONG, DON JR
205 BUSH CT
GREEN COVE SPRINGS FL 32043** ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 **904-7596119**
Date Daytime Phone

CR2E034 (10/02)