2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2000 8:00 am Secretary of State DOCUMENT # P99000050230 1. Entity Name HARBER DRYWALL, INC. 05-09-2000 90039 044 ***150 00 Principal Place of Business Mailing Address 1515 34TH AVENUE EAST 1515 34TH AVENUE EAST **BRADENTON FL 34208** BRADENTON FL 34208-4643 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 65-*0904*4 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARBER, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1515 34TH AVENUE EAST **BRADENTON FL 34208** 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, 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 \$5:00 May Be .10. Election Campaign Financing -__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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change . ☐ Addition TITLE ☐ Delete TITLE HARBER, CHARLES NAME NAMÉ 1515 34TH AVENUE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Addition DIRECTOR Change TITLE **BIGALOW, ERNIE** JAMES PIRKLE NAME BRADENTON, FL 34208 300 42ND AVENUE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

CHORIES E HARRER