~ · FOR PROFIT UNIFORM BUSIN				FILED		
DOCUMENT # 1. Entity Name				02 MAY 15 PM 12: 48		
HARBER DRYWALL, INC. 199000050230						
P9900 00 50230				SECRETATY OF STATE FALLAHASSEE, FLORIDA		
DO NOT WRITE IN THIS SPACE				Follows:		
2. Principal Place of Business 3. Mailing Address 515 - 344 Ave. Eas						
Suite, Apt. #, etc.	-	DO NOT WRITE IN THIS SPACE				
BRADENTON, FL	Fi City & State			FEI Number 5 - 0904429	Applied For Not Applicable	
Zip Country	Zip	Country		Certificate of Status Desired	\$8.75 Additional	
34208 U.S.A.		1		ame and Address of Current Registe	Fee Required	
		Name		ES_E. HARBER	i.	
DO NOT V	VRITE	Street Addr	ress (P.O. F	Bex Number is Not Acceptable)	<u> </u>	
IN THIS S		751	5 -	3 Winder is No. Acceptable.	_	
114 11119 9	PACE					
City /			211	ADENTON FL 39308		
B. The above named entity submits this statement	for the purpose of changing			3/070/0	- 197000	
SIGNATURE Signature, typed or printed name of registered agr 9. This corporation is eligible to satisfy its Intangil Tax filing requirement and elects to do so. (See criteria on back)	DTE: Registered Agent signature ro May 1 Fee is \$150.00 by 1, Fee is \$550.00 ed UBR is \$61.25	0	einstating) DATE 10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
	Make Check Paya ID DIRECTORS	able to Department of	State			
TITLE PRESIDENT	DINECTORS	TITLE				
AME CHARLES E. HARBER		NAME		5000056205458 -05/28/0201019009_		
STREET ADDRESS 1515-34" AVE. EAST SITY-ST-ZIP BRADENTON, FL 34208		STREET ADDRESS CITY-ST-ZIP		-US/28/UZU1019UU3 ****150.00 ****150.00		
TILE DIRECTOR	9 1000	TITLE				
IAME JAMES PIRKIE	-	NAME				
STREET ADDRESS 2215 - 38 12 AVE SITY-ST-ZIP BRADENTON, FL	EART	STREET ADDRESS CITY - ST - ZIP	-	d .		
TILE	<u>34208</u>	TITLE				
IAME	مينين المنظم	NAME				
TREET ADDRESS		STREET ADDRESS CITY-ST-ZIP	•	DO NOT WR	ITF	
ITLE		TITLE				
IAME		NAME ·	IN THIS SPACE		CE	
TREET ADDRESS		STREET ADDRESS		•		
ITY-ST-ZIP		CITY-ST-ZIP				
IAME		NAME			·	
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
ITLE IAME		TITLE NAME				
TREET ADDRESS		STREET ADDRESS		•		

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: Char

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/02 941-962-2876 Daytime Phone #

CR2E034B (12/01)