2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # P9900061580 GUTIERREZ DRY WALL SERVICE INC. 05-15-2000 90314 026 ***150.00 Principal Place of Business Mailing Address 1004 57TH AVE. PLACE E. 1004 57TH AVE. PLACE E. **BRADENTON FL 34203-6858 BRADENTON FL 34204** 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State ~6939706 Not Applicable Country \$8.75 Additional Zip 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 GUTIERREZ, HERIBERTO Street Address (P.O. Box Number is Not Acceptable) 1004 - 57TH AVE. PLACE E. **BRADENTON FL 34204** Zip Code City FL 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 DATE 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE **GUTIERREZ, HERIBERTO** NAME 1004 57TH AVE. PLACE E. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34204** CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete GUTIERREZ, JUAN M NAME STREET ADDRESS 1004 57TH AVE. PLACE E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34204** Change Addition TITLE ☐ Delete TITLE GUTIERREZ, EDUARDO NAME NAME 1004 57TH AVE. PLACE E. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34204** CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description of the property of the prope

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