

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071249

1. Entity Name

CONTRACTORS DRYWALL SERVICE, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90071 009 ***150.00

Principal Place of Business

P O BOX 8054
JUPITER FL 33468

Mailing Address

P O BOX 8054
JUPITER FL 33468

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0941928**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, JOSE R
16 LIVE OAK CIRCLE
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name

Jose R. Dominguez

Street Address (P.O. Box Number is Not Acceptable)

237 Wingo Street

City

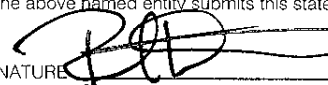
Tequesta

FL

Zip Code

33469

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  **J. Richard Dominguez**

(NOTE: Registered Agent: signature required when reinstating)

April 20 2001
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DOMINGUEZ, JOSE R**
STREET ADDRESS **16 LIVE OAK DRIVE CIRCLE**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Jose R. Dominguez**
STREET ADDRESS **237 Wingo Street**
CITY-ST-ZIP **Tequesta FL 33469**

TITLE **P** ☐ Change ☒ Addition
NAME **Jose R. Dominguez**
STREET ADDRESS **237 Wingo Street**
CITY-ST-ZIP **Tequesta FL 33469**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20 2001
Date

561 722-7799
Daytime Phone #

CR2E034 (10/00)