2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 12, 2001 8:00 am Secretary of State DOCUMENT # P99000072185 HENRY GRIFFIN DRYWALL, INC. 05-12-2001 90059 022 ***150.00 Principal Place of Business Mailing Address 99 WATERTRACK 99 WATERTRACK OCALA FL 34472 OCALA FL 34472 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 FEI Number 59-3594551 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRIFFIN, HENRY Street Address (P.O. Box Number is Not Acceptable) 99 WATERTRACK **OCALA FL 34472** 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 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 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE Henry Griffin 99 water Track GRIFFIN. HENRY NAME NAME STREET ADDRESS STREET ADDRESS 99 WATERTRACK CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34472** Ocala FL 34472 Change Addition ☐ Delete TITLE TITLE GRIFFIN, LISA NAME isa Griffin NAME 99 WATERTRACK STREET ADDRESS STREET ADDRESS 99 water Track CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34472 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DAUGHTERY, HARRY NAME NAME STREET ADDRESS STREET ADDRESS 99 WATER TRACK CITY-ST-ZIP CITY-ST-7IP **OCALA FL 34472** ☐ Change ☐ Addition 🔀 Delete TITLE BRICKER, DONALD NAME NAME 99 WATER TRACK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OCALA FL 34472 ☐ Change ☐ Addition TITLE ☐ Delete 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 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.

352-239-2299

Daytime Phone #