

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075465

1. Entity Name

ALL PURPOSE DRYWALL SYSTEMS, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90026 021 ***150.00

Principal Place of Business

Mailing Address

10647 4TH AVE.
OCOE FL 34761-6425

10647 4TH AVE.
OCOE FL 34761-3912

2. Principal Place of Business

3. Mailing Address

10647 4th Ave
Suite, Apt. #, etc.

10647 4th Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OCOE FL

City & State

OCOE FL

4. FEI Number

59-3595391

Applied For

Not Applicable

Zip
34761

Country

USA

Zip

FL 34761

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWELL, MARK
10647 4TH AVE.
OCOE FL 34761-6425

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP**
NAME **HOWELL, MARK**
STREET ADDRESS **10647 4TH AVE.**
CITY-ST-ZIP **OCOE FL 34761-6425**

TITLE **VP**
NAME **CYR, Daniel**
STREET ADDRESS **9373 Comeau St.**
CITY-ST-ZIP **Gotha FL 34734**

TITLE
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CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (9/99)