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2000 UNIFORM BUSINESS REPORT (UBR)称於 DOCUMENT # P99000091493 1. Entity Name FILED BUCKINGHAM DRYWALL, INC. 00 MAR 23 PM 1: 26 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 615 CRESCENT EXECUTIVE COURT #120 615 CRESCENT EXECUTIVE COURT #120 LAKE MARY FL 32746-2120 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3610332 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired  $\mathbf{x}$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name N. DWAYNE GRAY, JR. Street Address (P.O. Box Number is Not Acceptable) GREENSPOON, MARDER, ET. AL. 135 WEST CENTRAL BLVD. #1100 ORLANDO FL 32801 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X Addition D TITLE VP Change ☐ Delete TITLE BORCK, TODD L NAME N. DWAYNE GRAY, JR. NAME STREET ADDRESS STREET ADDRESS 615 CRESCENT EXECUTIVE COURT #120 135 WEST CENTRAL BLVD., STE. 1100 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ORLANDO, FL 32801 ☐ Change Addition ☐ Delete TITLE TITLE WOLF, JONATHAN L NAME NAME STREET ADDRESS STREET ADDRESS 615 CRESCENT EXECUTIVE COURT #120 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Change Addition ☐ Delete TITLE TITLE 900003189309--3 NAME NAME -03/30/00--01010--001 STREET ADDRESS STREET ADDRESS \*\*\*1428.75 \*\*\*\*158.75 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE

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 his 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. DWAYNE GRAY, JR.

2/22/00

407-425-6559

Date

Daytime Phone #