

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90063 027 \*\*\*158.75

DOCUMENT # P99000106525

1. Entity Name

E & E DRYWALL, INC.

Principal Place of Business

Mailing Address

5638 LOUIS XIV COURT  
SUITE C  
TAMPA FL 33614

5638 LOUIS XIV COURT  
SUITE C  
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

307 Line TREE Road  
Suite, Apt. #, etc.

307 Line TREE Road  
Suite, Apt. #, etc.

Tampa FL 33614  
City & State

Tampa FL  
City & State

Zip Country  
33614 Hillsborough

Zip Country  
33614 Hillsborough

4. FEI Number  
59-3610528

Applied For  
Not Applicable

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

OLIVAS, ERIKA  
5638 LOUIS XIV COURT  
SUITE C  
TAMPA FL 33614

Name Erika OLIVAS  
Street Address (P.O. Box Number is Not Acceptable)  
~~5638 LOUIS XIV COURT~~  
307 Line Tree Road  
City Tampa FL Zip Code 33614

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 D  
NAME OLIVAS, ERIKA  
STREET ADDRESS 5638 LOUIS XIV COURT  
CITY-ST-ZIP TAMPA FL 33614  
☒ Delete  
Delete this Address

TITLE ~~ERIK OLIVAS~~ E & E Drywall Inc  
NAME Erika OLIVAS.  
STREET ADDRESS 307 Line Tree Road  
CITY-ST-ZIP Tampa FL 33614  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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: Erika OLIVAS Erika OLIVAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 417-1847