

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90116 007 ***150.00

0847791

DOCUMENT # P99000106525

1. Entity Name
E & E DRYWALL, INC.

Principal Place of Business 5638 LOUIS XIV COURT SUITE C TAMPA FL 33614	Mailing Address 5638 LOUIS XIV COURT SUITE C TAMPA FL 33614
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2. Principal Place of Business <i>Tampa FL</i> 307 Lime Tree Rd Suite, Apt. #, etc. Tampa Florida City & State	3. Mailing Address 307 Lime Tree Rd Suite, Apt. #, etc. Tampa Florida City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3610528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OLIVAS, ERIKA
 5638 LOUIS XIV COURT
 SUITE C
 TAMPA FL 33614

7. Name and Address of New Registered Agent
 Name: *Erika Olivas*
 Street Address (P.O. Box Number is Not Acceptable):
307 Lime Tree Rd
 City: *Tampa FL* Zip Code: *33619*

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: *Erika Olivas* (Signature) *Erika Olivas* (Registered Agent signature required when reinstating) DATE: *4/26/01*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 NAME STREET ADDRESS CITY-ST-ZIP	D OLIVAS, ERIKA 5638 LOUIS XIV COURT TAMPA FL 33614 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>This is our new Address.</i> <i>307 Lime Tree Rd</i> <i>Tampa FL 33619</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *4/26/01* Daytime Phone #: *(813) 630-1540*

CR2E034 (10/00)