

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106525

1. Entity Name

E & E DRYWALL, INC.

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

05-04-2001 90116 007 \*\*\*150.00

0347791

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 Lime Tree Rd

307 Lime Tree Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa Florida

Tampa Florida

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3610528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Zip 33619

Country

Hillsborough

Zip 33619

Country

Hillsborough

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)  
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

(NOTE: 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. (See criteria on back) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLIVAS, ERIKA	
STREET ADDRESS	5638 LOUIS XIV COURT	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	This is our new Address.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	307 Lime Tree Rd	
CITY-ST-ZIP	Tampa FL 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Erika Olivas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01  
Date

(813) 630-1540  
Daytime Phone #

CR2E034 (10/00)