2000 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2000 8:00 am Secretary of State **DOCUMENT # \$31596** LARRY GALINSKI DRYWALL, INC. 02-10-2000 90020 049 ***150.00 Principal Place of Business Mailing Address 9731 OUR KIDS RD. 8731 OUR KIDS RD. GOVELAND FL 34711-6306 **GOVELAND FL 34736** 3. Mailing Address 2. Principal Place of Business 11941 Graces Way DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FÉL Number 59-3037845 Not Applicable ermont Country \$8.75 Additional Zip Country 5. Certificate of Status Desired ILS A Fee Required 347// 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GALINSKI, LARRY Street Address (P.O. Box Number is Not Acceptable) 9542 OUR KIDS RD **GROVELAND FL 34736** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME GALINSKI, LARRY STREET ADDRESS STREET ADDRESS 210 W WALDO ST. CITY-ST-ZIP CITY-ST-ZIP GROVELAND FL Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CÎTY-ST-ZÎP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Larry Balenassi Parry Galinski

Delete

2.4.00

352-242-0915

Daytime Phone #

☐ Change

☐ Addition

FILED