2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receichanged, or on an attachmen

SIGNATURE:

Feb 18, 2002 8:00 am Secretary of State S78351 DOCUMENT # 1. Entity Name 02-18-2002 90176 046 ***150.00 R.J.B DRYWALL, INC. Principal Place of Business Mailing Address 2968 ANGLERS AVE 2968 ANGLERS AVE HINIT 101 **UNIT 101** FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0281054 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAMBINO, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4921 NE 27TH TERRACE LIGHTHOUSE POINT FL 33064 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. TITLE Change TITLE Delete BANLINO RICHARD NAME BAMBINO, RICHARD NAME STREET ADDRESS 4921 NE 29th terrace STREET ADDRESS 4921 SW 155TH. LANE CITY-ST-ZIP CITY-ST-7IP LIGHTHOUSE FL 33064 Lighthouse Point, FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BAKER, JOHN STREET ADDRESS STREET ADDRESS 2901 SW 155TH, LANE CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33331** Change Addition Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete 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 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 of 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

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