## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

S78351 **DOCUMENT #** 

1. Entity Name

R.J.B DRYWALL, INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90823 033 \*\*\*150.00

Principal Place of 1 1968 ANGLERS AVI INIT 101 FT LAUDERDALE F	E	2968 ANG UNIT 101	Mailing Address 2968 ANGLERS AVE UNIT 101 FT LAUDERDALE FL 33312										
JS 2. Principal Place	of Business		3. Mailing Address										
Suite, Apt. #, et	c.	Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State		City & S	City & State				4. FEI Number 65-0281054				<u> </u>	plied For t Applicable	
Zip	Country	Zip				5. Certificate of Status De			Fee Hequired				
6	Agent		Nama	7. N	Name and A	Address of Ne	w Regist	ered Ag	ent				
BAMBINO, RIC	HARD		• •			Name							
4921 NE 27Th						Street Address (P.O. Box Number is Not Acceptable)							
	POINT FL 33064					4							
					City			<u> </u>		FL	Zip Code	9	
	ned entity submits this statemen of registered agent.	t for the purpose	of changing its	registere	ed office or regis	stered ag	ent, or both	, in the State o	of Florida.	I am fan	niliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
After Ma	NOW!!! FEE IS \$150.00 y 1, 2003 Fee will be \$550.0 yable to Florida Departmen		State				1	tion Campaig t Fund Contrib		ng 🗆		May Be to Fees	
10.	OFFICERS AI	ND DIRECTORS		11.		AD	DITIONS/C	HANGES TO	OFFICER	S AND D	IRECTORS		
STREET ADDRESS 492	MBINO, RICHARD 21 NE 27TH TERRACE HTHOUSE FL 33064		☐ Delete								☐ Change	Addition	
STREET ADDRESS 290	KER, JOHN D1 SW 155TH. LANE VIE FL 33331		☐ Delete								☐ Change	☐ Addition	
ITLE NAME STREET ADDRESS			☐ Delete		1					[	_ Change	Addition .	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		L					[	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							[	_] Change	☐ Addition	
ITLE IAME STREET ADDRESS DITY-ST-ZIP			☐ Delete	CITY	E ET ADDRESS -ST-ZIP	0		Florida Occ	10. (7		Change	Addition	
12 Thereby certif	v that the information supplied v	with this filina do	es not qualify for	r the exe	mption stated in	section	+19.07(3)(I)	i, Fiorida Statu	iles. I Turti	ier certify	/ ınaı ine Ir	nonnation	

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 eath; 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

MEUVINE GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR