

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06831

1. Entity Name
S.A.M. DRYWALL INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90026 039 ***158.75

Principal Place of Business

Mailing Address

3364 11TH AVE SW
NAPLES FL 34117
US

P.O. BOX 990562
NAPLES FL 34116
US

2. Principal Place of Business

15800 Brothers Dr.

3. Mailing Address

← Same

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Fort Myers FL

Zip

33912

Country

Lee

Zip

33912

Country

4. FEI Number 65-0308476

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGAULT, YVES
3364-11TH AVE SW
NAPLES FL 34117

7. Name and Address of New Registered Agent

Name

Yves Legault

Street Address (P.O. Box Number is Not Acceptable)

15800 Brothers Dr Suite 3
City Fort Myers FL Zip Code 33912

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

Yves Legault

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☒ P
LEGAULT, YVES
3364-11TH AVE SW
NAPLES FL 34117 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
(President - Tresor) ☒ Change ☐ Addition
Yves Legault

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Larry Burnes 18246 Sycamore Rd. (V. Pres Secretary) ☐ Change ☒ Addition
Fort Myers FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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:

Yves Legault

Larry Burnes

Yves Legault

941 985-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)