## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # V20013** 1. Entity Name CENTRAL DRYWALL CONTRACTORS, INCORPORATED 01-25-2000 90033 042 \*\*\*158.75 Mailing Address Principal Place of Business 10714 FLORENCE AVE 10714 FLORENCE AVE SUITE A SUITE A THONOTOSASSA FL 33592-2716 THONOTOSASSA FL 33592-2717 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3105191 Not Applicable Zip Country \$8.75 Additional 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 SCOTT, WAYNE Street Address (P.O. Box Number is Not Acceptable) 10714 FLORENCE AVE SUITE A THONOTOSASSA FL 33592-2717 Zip Code 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Delete TITI F Change TITLE SCOTT, WAYNE NAME NAME STREET ADDRESS 10714 FLORENCE AVE., SUITE A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THONOTOSASSA FL 33592-2717 ☐ Change ☐ Addition ☐ Delete TITLE SCOTT, CHRISTOPHER NAME NAME STREET ADDRESS 1006 BELL SHOALS LANE STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP **BRANDON FL 33511** Change Delete Addition BELTZ, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 1904 BOGIE DR CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** Addition X Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

Date Daytime Phone #

FILED