

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V60272

1. Entity Name

DISTINCTIVE DRYWALL, INC.

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90134 034 ***150.00

Principal Place of Business

3355 QUEEN PALM DR
JACKSONVILLE FL 32250
US

Mailing Address

3355 QUEEN PALM DR
JACKSONVILLE FL 32250
US

2. Principal Place of Business

5007 ORTEGA FOREST DRIVE

Suite, Apt. #, etc.

3. Mailing Address

5007 ORTEGA FOREST DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

59-3141531

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

W D LANIER
6628 HYDE GROVE AVE
JACKSONVILLE FL 32210

Name

Pete Orlando

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

14185 Beach Blvd #13

City

Jacksonville

FL

Zip Code

32250

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DEVITO, MICHAEL F	
STREET ADDRESS	3355 QUEEN PALM DR	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DEVITO, DIANNE J	
STREET ADDRESS	3355 QUEEN PALM DR	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVITO, MICHAEL F	
STREET ADDRESS	5007 ORTEGA FOREST DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32210	
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVITO, DIANNE J	
STREET ADDRESS	5007 ORTEGA FOREST DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Dianne J. Devito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANNE J. DEVITO

3/22/01

Date

904-387-5561

Daytime Phone #

CR2E034 (10/00)