

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90134 034 \*\*\*150.00

**DOCUMENT # V60272**

1. Entity Name  
**DISTINCTIVE DRYWALL, INC.**

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

Zip  
 32210

Country  
 USA

City & State  
 JACKSONVILLE, FLORIDA

Zip  
 32210

Country  
 USA

4. FEI Number **59-3141531**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**W D LANIER**  
**6628 HYDE GROVE AVE**  
**JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

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 **3/12/01**

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	<input type="checkbox"/> Delete
PTD	DEVITO, MICHAEL F	3355 QUEEN PALM DR	JACKSONVILLE FL 32250	<input type="checkbox"/>
VSD	DEVITO, DIANNE J	3355 QUEEN PALM DR	JACKSONVILLE FL 32250	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date **3/22/01**

Date

Daytime Phone # **904-387-5561**

Daytime Phone #

CR2E034 (10/00)