

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90555 042 \*\*\*150.00

**DOCUMENT # V60272**

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



Principal Place of Business  
**5007 ORTEGA FOREST DRIVE  
JACKSONVILLE FL 32210  
US**

Mailing Address  
**5007 ORTEGA FOREST DRIVE  
JACKSONVILLE FL 32210  
US**



2. Principal Place of Business  
**5200 RIVERTON ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**5200 RIVERTON ROAD**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**JACKSONVILLE, FLORIDA**  
Zip Country  
**32277 USA**

City & State  
**JACKSONVILLE, FLORIDA**  
Zip Country  
**32277 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**

**7. Name and Address of New Registered Agent**

**ORLANDO, PETE**  
~~11185 BEACH BLVD #113~~ **4745 SUTTON PARK COURT, SUITE 101**  
~~JACKSONVILLE BEACH FL 32250~~ **JACKSONVILLE, FLORIDA 32224**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City State Zip Code  
**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DEVITO, MICHAEL F. 5200 RIVERTON ROAD JACKSONVILLE, FLORIDA 32277	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEVITO, DIANNE J. 5200 RIVERTON ROAD JACKSONVILLE, FLORIDA 32277	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:** *Dianne J. Devito* **DIANNE J. DEVITO** 01/15/03 904-744-6028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)