

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

3. Mailing Address
5200 RIVERTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FLORIDA

City & State
JACKSONVILLE, FLORIDA

4. FEI Number **59-3141531**

Applied For
Not Applicable

Zip **Country**
32277 **USA**

Zip **Country**
32277 **USA**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORLANDO, PETE

Name

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

4745 SUTTON PARK COURT, SUITE 101
JACKSONVILLE BEACH FL 32250

City

FL

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. 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **DEVITO, MICHAEL F**
STREET ADDRESS **5007 ORTEGA FOREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **PTD** ☐ Change ☐ Addition
NAME **DEVITO, MICHAEL F.**
STREET ADDRESS **5200 RIVERTON ROAD**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32277**

TITLE **VSD** ☐ Delete
NAME **DEVITO, DIANNE J**
STREET ADDRESS **5007 ORTEGA FOREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **VSD** ☐ Change ☐ Addition
NAME **DEVITO, DIANNE J.**
STREET ADDRESS **5200 RIVERTON ROAD**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32277**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 all other like empowered.

SIGNATURE: *Dianne J. Devito* **REQUIRED**

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)