FROM : FOUR SEASONS DRYWALL PHONE NO. : 813 948+1

FILED
Aug 01, 2002 8:00 am
Secretary of State
07-10-2002 90180 026 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V71466

1. Entity Name
FOUR SEASONS DRYWALL, INC.

Principal Place of Business	Mailing Address
917 HOLLY SHORE DR LUTZ FL 33549	917 HOLLY SHORE DR LUTZ FL 33549

40416

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 7894 Suite, Apt. #, etc.
City & State	TAMPA City & State FL
Zip / Country	Zip: 33673-7894 / Country: USA

4. FEI Number 59-3146952 ☐ 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
GILLELAND, DAVID R. ~~917 HOLLY SHORE DR~~ ~~LUTZ FL 33549~~	8316 N. Habana AVE ~~P O BOX 7894~~ Tampa FL 33614 ~~TAMPA, FL. 33673-7894~~
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	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)

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 $550.00
After September 13, 2002 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GILLELAND, DAVID R. ~~917 HOLLYSHORE DR~~ ~~LUTZ FL 33549~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
				P O BOX 7894 TAMPA, FL. 33673-7894	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARDELLA, JAMES 8621 MULBERRY ST TAMPA FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NIXON JR, GEORGE 917 HOLLY SHORE DR LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (4/02)

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: [signature] 7-2-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #