AMENDED AMENDED AMENDED AMENDED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V71466

1. Entity Name
FOUR SEASONS DRYWALL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 19 AM 11:07

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8316 N. HABANA AVE.	P. O. BOX 7894
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL.	City & State: TAMPA, FL.
Zip: 33614 Country: USA	Zip: 33673-7894 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3146952 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DAVID R. GILLELAND

Street Address (P.O. Box Number is Not Acceptable): 8316 N HABANA AVE.

City: TAMPA FL Zip Code: 33614

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 _____ 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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DP
NAME	GILLELAND, DAVID R
STREET ADDRESS	P. O. BOX 7894
CITY-ST-ZIP	TAMPA, FL. 33673-7894
TITLE	V
NAME	CARDELLA, JAMES
STREET ADDRESS	8621 MULBERRY ST.
CITY-ST-ZIP	TAMPA, FL. 33613
TITLE	S
NAME	NIXON, GEORGE JR.
STREET ADDRESS	917 HOLLY SHORE DR
CITY-ST-ZIP	LUTZ, FL. 33549
TITLE	V
NAME	LOCKLER, JAY HAL
STREET ADDRESS	2706 MIDTIMES DR.
CITY-ST-ZIP	TAMPA, FL. 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 9-18-02 813-917-6386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone