## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000060173 May 12, 2000 8

i. Entity Name

EAGLE DRYWALL INTERIORS, INC.

Principal Place of Business

Mailing Address

11240 SOUTHEAST 132ND PLAE OCKLAWAHA FL 32179 POST OFFICE BOX 2467 BELLEVIEW FL 34421-2467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FILED May 12, 2000 8:00 am Secretary of State

05-12-2000 90043 034 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number - عيد	4. FEI Number 59-3520867			plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired [		8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
1124	ng, terry 0 se 132nd place	Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
OCKLAWAHA FL 32179							T		
			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.									
SIGNATURE Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Tax filing requirement and elects to do so.  After N			FEE IS \$150.00 Fee will be \$550.0 to Department of \$	O L Trust	on Campaign Financi Fund Contribution.	ng 🗆		O May Be to Fees	
11. OFFICERS AND DIRECTORS 12.				ADDITIONS/C	HANGES TO OFFICER	S AND D	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, TERRENCE M 11240 SOUTHEAST 132ND PLAE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	Change	☐ Addition	
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13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-27-200

325-288.2618

Daytime Phone #