

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90498 021 \*\*\*150.00

**DOCUMENT # P02000100768**

1. Entity Name  
**MARTIN BARKER / DRYWALL CONTRACTOR, INC.**



Principal Place of Business  
1290 HIGHWAY A1A  
SUITE 203  
SATELLITE BEACH FL 32937  
US

Mailing Address  
1290 HIGHWAY A1A  
SUITE 203  
SATELLITE BEACH FL 32937  
US

**55038729**



2. Principal Place of Business  
**1901 N. HARBOR CITY BLVD.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1901 N. HARBOR CITY BLVD.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES  
**13-421368**

City & State  
**MEIBOURNE FLORIDA**

City & State  
**MEIBOURNE FLORIDA**

Zip  
**32935** Country  
**USA**

Zip  
**32935** Country  
**USA**

4. FEI Number  
**13-421368** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHITTY & ASSOCIATES, ACCOUNTANTS, INC.**  
**1360 S. PATRICK DRIVE**  
**SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	<b>P</b> <b>BARKER, MARTIN JR</b> <b>1290 HIGHWAY A1A, SUITE 203</b> <b>SATELLITE BEACH FL 32937</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1901 N. HARBOR CITY BLVD.</b> <b>MEIBOURNE, FL. 32935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **MARTIN BARKER** **4-19-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)