FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H56105 1. Entity Name BLANTON DRYWALL, INC.					Feb 01, 2002 8:00 am Secretary of State 02-01-2002 90036 046 ***150.00			
Principal Place of Business 605 E OAKHURST ALTAMONTE SPRINGS FL 32701		Mailing Address 605 E OAKHURST ALTAMONTE SPRINGS FL 32701						
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.						
City & State		City & State		4. F	4. FEI Number 59-2549545 Applied For Not Applicable			
Zip	Country	Zip	Country	5. C	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	egistered Agent	<u> </u>	7. N	ame and Address of New Regis		u	
BLANTON, FRED L. 605 E OAKHURST ALTAMONTE SPRINGS FL 32701			Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)				
			City		•	FL Zip Cod	e	
Tax filling requirement and elects to do so. (See criteria on back) After May 1, 2002 Make Check Payable to				State	10. Election Campaign Financi Trust Fund Contribution.	☐ Added	May Be I to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANTON, FRED L. 605 E OAKHURST ALTAMONTE SPRINGS FL	RECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADI	DITIONS/CHANGES TO OFFICER	RS AND DIRECTOR:	S IN 11	
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	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
of the corp	ertify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	re and accurate and that my ared to execute this report as all other like empowered.	signature shall have th	ne same le	gal effect as if made under geth-	that I am an officer.	or director	

SIGNATURE: _

SANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 2015 TO THE DESCRIPTION OF SIGNING OFFICER OR DIRECTOR

407-767-2028 Daytime Phone #