

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/3

**FILED**  
Feb 23, 2001 8:00 am  
Secretary of State

01-30-2001 90211 039 \*\*\*150.00

**DOCUMENT # J50547**

1. Entity Name

**ACKERMAN'S DRYWALL, INC.**

Principal Place of Business

1312 SHERMAN AVE  
TAVARES FL 32778  
US

Mailing Address

1312 SHERMAN AVE  
TAVARES FL 32778  
US

2. Principal Place of Business

1312 Sherman Ave  
Suite, Apt. #, etc.  
Tavaro

3. Mailing Address

Shon  
Suite, Apt. #, etc.

City & State

FL

City & State

FL

Zip

32778

Country

LISA

Zip

32778

Country

LISA

4. FEI Number

59-2767131

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ACKERMAN, DIANE J  
1312 SHERMAN AVE  
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name

Diane J Ackerman

Street Address (P.O. Box Number is Not Acceptable)

1312 Sherman Ave

Tavaro FL 32778

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

Diane J Ackerman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-19-01

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 \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**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

TITLE NAME ☐ Delete

ACKERMAN, RICHARD J

STREET ADDRESS

1312 SHERMAN AVE

CITY-ST-ZIP

TAVARES FL

TITLE NAME ☐ Delete

ACKERMAN, DIANE J

STREET ADDRESS

1312 SHERMAN AVE

CITY-ST-ZIP

TAVARES FL

TITLE NAME ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

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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:

Diane J Ackerman Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-01

Date

Daytime Phone #

CR2E034 (10/00)