

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90180 031 ***150.00

DOCUMENT # J76118

1. Entity Name

SHIRLEY CONSTRUCTION AND DRYWALL, INC.



Principal Place of Business

**% THOMAS L. SHIRLEY
18440 PAULSON DR. UNIT F
PORT CHARLOTTE FL 33954
US**

Mailing Address

**% THOMAS L. SHIRLEY
18440 PAULSON DR. UNIT F
PORT CHARLOTTE FL 33954
US**

00000100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2823677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIRLEY, THOMAS L.

**18440 PAULSON DR, UNIT F
PORT CHARLOTTE FL 33954**

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

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

(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	PDT	<input type="checkbox"/> Delete
NAME	SHIRLEY, THOMAS L.	
STREET ADDRESS	1135 BAYSHORE DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHIRLEY, P. DIANE	
STREET ADDRESS	1135 BAYSHORE DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHIRLEY, TRACY T	
STREET ADDRESS	370 EDEN CIRCLE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 8, 2003

Date

941-624-3887

Daytime Phone #

CR2E034 (10/02)