

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90138 038 \*\*\*150.00

**DOCUMENT # L79640**

1. Entity Name  
**CHARLES BRANDON DRYWALL, INC.**

Principal Place of Business <b>275 SE 34 PL          Ocala FL 34471          US</b>	Mailing Address <b>275 SE 34 PLACE          Ocala FL 34471          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5028 S.W. 1st AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>5028 S.W. 1st AVE</b> Suite, Apt. #, etc.
City & State <b>OCALA FL.</b>	City & State <b>OCALA FL</b>
Zip <b>34474</b>	Country <b>MAJON</b>

4. FEI Number <b>59-3000194</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>BRANDON, CHARLES T., III          275 SE 34 PLACE          Ocala FL 34471</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BRANDON, CHARLES T., III</b>		NAME	
STREET ADDRESS <b><del>275 SE 34 PLACE</del> 5028 S.W. 1st AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b><del>OCALA FL</del> Ocala FL. 34474</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BRANDON, WENDY K.</b>		NAME	
STREET ADDRESS <b><del>275 SE 34 PLACE</del> 5028 S.W. 1st AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b><del>OCALA FL</del> Ocala FL. 34474</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Charles T. Brandon **CHARLES T. BRANDON** 2-28-01 352-266-2974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)