

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-06-2002 90083 025 ***150.00

DOCUMENT # P01000018986

1. Entity Name
UNLIMITED DRYWALL SPECIALISTS, INC.

Principal Place of Business
**15 CHATSWORTH LN
 FLAGLER BEACH FL 32136-8035**

Mailing Address
**15 CHATSWORTH LN
 FLAGLER BEACH FL 32136-8035**



2. Principal Place of Business
**1281 N. OCEAN DRIVE
 SUITE 127
 SINGER ISLAND, FL
 33404**

3. Mailing Address
**1281 N. OCEAN DRIVE
 SUITE 127
 SINGER ISLAND, FL
 33404**

DO NOT WRITE IN THIS SPACE
39-5441586

4. FEI Number
39-569905

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**TAYLOR, NITA
 15 CHATSWORTH LN
 FLAGLER BEACH FL 32136-8035**

7. Name and Address of New Registered Agent
**BETSY K EXLEY
 Street Address (P.O. Box Number is Not Acceptable)
 1281 N. OCEAN DRIVE
 SUITE 127
 City SINGER ISLAND FL Zip Code 33404**

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 **BETSY K. EXLEY** *Betsy K. Exley President* **2-18-02**
 Signature, typed or printed name of registered agent and title, if applicable. (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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETSY EXLEY, BETSY 260 HAVERFORD AVE. NARBATH PA 19072-0185	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EXLEY, BETSY K.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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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

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: **BETSY K. EXLEY** *Betsy K. Exley* **2/18/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)