

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

Amended UBR  
FILED

03 NOV 21 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000039454

1. Entity Name

Travis Drywall Textures, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6542 Hypoluxo Rd.

3. Mailing Address

6542 Hypoluxo Rd.

Suite, Apt. #, etc.

# 329

Suite, Apt. #, etc.

# 329

DO NOT WRITE IN THIS SPACE

City & State

Lake worth FL

City & State

Lake worth FL

4. FEI Number

65-1095784

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

USA

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Benjamin J Travis III

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

12295 Equine Lane

City

Wellington

FL

Zip Code

33414

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

*Benjamin J Travis III*

Benjamin J Travis III

11-18-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Benjamin J Travis III  
12295 Equine Lane  
Wellington FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Wendy Travis  
12295 Equine Lane  
Wellington, FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Ben Travis III  
7023 Davis Circle  
Lake worth FL 33467

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Benjamin J Travis III* President

Benjamin J Travis III

11-18-03 561-441-0953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)