


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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90143 027 ***150.00

DOCUMENT # P01000047539	
1. Entity Name Good Looking & Well Hung Drywall & Metal Framing Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 512 Providence Blvd		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daltona FL		City & State	
Zip 32725	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-37188333		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	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: **W. Hummer**

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

(NOTE: Registered Agent signature required when reissuing)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS			
TITLE President	NAME William Hummer	TITLE	
STREET ADDRESS 512 Providence	STREET ADDRESS	NAME	
CITY-ST-ZIP Daltona FL 32725	CITY-ST-ZIP	STREET ADDRESS	
TITLE Vice/sec	NAME Sherry Hummer	TITLE	
STREET ADDRESS 512 Providence	STREET ADDRESS	NAME	
CITY-ST-ZIP Daltona FL 32725	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	NAME	
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	NAME	
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	NAME	
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	

**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: **W. Hummer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date

386 860 3511

Daytime Phone #

CR2E034B (12/02)