

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

APPROVED  
AND  
FILED

DOCUMENT # P01000048172

1. Entity Name

Technical Wall Systems Inc

02 JAN -8 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11361 TRADE CT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

4. FEI Number

59-3717919

Applied For

Not Applicable

Zip

32257

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Chance Clauss

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

4724 Southern Pacific dr

City

Jacksonville

FL

Zip Code

32257

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

[Signature]

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President/Secretary  
Chance Clauss  
4724 Southern Pacific dr  
Jacksonville FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600004782356--6  
-01/17/02--01064--010  
\*\*\*\*\*158.75 \*\*\*\*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Bill Walker  
5491 Blue Pacific dr  
Jacksonville FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chance Clauss

01/08/02 (904) 838-2519

Date

Daytime Phone #

CR2E034B (12/01)