

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90008 021 ***150.00

DOCUMENT # P01000061778

1. Entity Name

SHAWN MATSINGER DRYWALL, INC.

Principal Place of Business

**7097 REGINA DRIVE
ENGLEWOOD FL 34224**

Mailing Address

**7097 REGINA DRIVE
ENGLEWOOD FL 34224**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1116394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

Name

Brenda Matsinger

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

7097 Regina Drive

City

Englewood

FL

Zip Code

34224

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 **Brenda Matsinger**

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

Brenda Matsinger

(NOTE: Registered Agent signature required when reinstated)

2/15/02

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 **PTD** ☐ Delete
NAME **MATSINGER, SHAWN W**
STREET ADDRESS **7097 REGINA DRIVE**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **S** ☐ Change ☒ Addition
NAME **Matsinger, Brenda**
STREET ADDRESS **7097 Regina Dr.**
CITY-ST-ZIP **Englewood, FL 34224**

TITLE **V** ☐ Delete
NAME **MATSINGER, TODD**
STREET ADDRESS **7097 REGINA DRIVE**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **HESS, JASON**
STREET ADDRESS **7097 REGINA DRIVE**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Brenda Matsinger**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02

Date

941-473-8858

Daytime Phone #

CR2E034 (9/01)