

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90218 015 \*\*\*150.00

0651898 AV

**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

**17121 Doyle Ave.**

Suite, Apt. #, etc.

3. Mailing Address

**17121 Doyle Ave.**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Port Charlotte FL**

City & State

**Port Charlotte FL**

4. FEI Number

**65-1116396**

Applied For

Not Applicable

Zip  
**33954**

Country  
**USA**

Zip  
**33954**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MATSINGER, BRENDA  
7097 REGINA DRIVE  
ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent

Name

**Same**

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

**17121 Doyle Avenue**

City

**Port Charlotte**

FL

Zip Code

**33954**

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

*Brenda Matsinger*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4.9.03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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	PTD	<input type="checkbox"/> Delete
NAME	MATSINGER, SHAWN W	
STREET ADDRESS	7097 REGINA DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATSINGER, TODD	
STREET ADDRESS	7097 REGINA DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATSINGER, BRENDA	
STREET ADDRESS	7097 REGINA DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Brenda Matsinger* **BRENDA MATSINGER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.9.03**

Date

**941.628.0064**

Daytime Phone #

CR2E034 (10/02)