FILED
Jun 25, 2003 8:00 am
Secretary of State
04-28-2003 91510 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P02000000525

1. Entity Name
NESS DRYWALL & HOME MAINTENANCE, INC. (L)

DO NOT WRITE IN THIS SPACE

[redacted] 5049778

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
817 George Engram Blvd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach FLA	City & State
Zip: 32114 Country	Zip Country

4. FEI Number [redacted] 36122 34 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: William Whitfield

Street Address (P.O. Box Number is Not Acceptable):
817 George Engram Blvd

City: Daytona Beach FL Zip Code: 32114

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 _____ DATE
Signature, typed or printed Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Pres William Whitfield Sec/Treas owner 817 George Engram Blvd Daytona Beach FLA 32114
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	owner William Whitfield
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CR2E034B (12/02)

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: William Whitfield William Whitfield 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #