

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

GRANT & BROWN DRYWALL, INC  
PO4000130606

FILED

05 APR 29 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5033 Robinhood Kennels Rd

3. Mailing Address

5033 Robinhood Kennels Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tall, FL

4. FEI Number

05-0608775

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32303

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Paula Grant - President

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

5033 Robinhood Kennels Rd

City

Tallahassee

FL

Zip Code

32303

DO NOT WRITE  
IN THIS SPACE

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

Paula Grant President

April 29 2005

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  
Paula Grant  
5033 Robinhood Kennels Rd  
Tall, FL 32303

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

200054205992

05/10/05--01040--022 \*\*150.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

John Brown, JR - Vice President  
5033 Robinhood Kennel Rd  
Tall, FL 32303

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Paula Grant

April 29 2005 850-556-8169

Date

Daytime Phone #

CR2E034B (12/01)