

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008641

1. Entity Name

DWAIN SHELNUTT DRYWALL, INC.

Principal Place of Business

762 PARK VALLEY CIRCLE
CLERMONT FL 34711
US

Mailing Address

762 PARK VALLEY CIRCLE
CLERMONT FL 34711
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3171613

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELNUTT, DWAIN
762 PARK VALLEY CIR
CLERMONT FL 34711

Name

DWAIN SHELNUTT

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

762 PARK VALLEY CIRCLE

City

CLERMONT

FL 34711

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, 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SHELNUTT, DWAIN
2005 JOAN LEE LN
OCOEE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SheLNUTT, DWAIN
762 PARK Valley CIRCLE
CLERMONT FL 34711

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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: Dwain Shelnutt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-01

3522420165

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)