

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

04-30-2001 90433 034 ***158.75

DOCUMENT # **P93000025196**

1. Entity Name

Kelley's Drywall of Marion County Inc.

Principal Place of Business

Mailing Address

16140 SE 91 CT

Same

Summerfield FL 34491

- 46912

2. Principal Place of Business

3. Mailing Address

16140 SE 91 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Summerfield FL

Zip

Country

Zip

Country

34491

USA

4. FEI Number

Applied For

59-3174356

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Debra L. Kelley
4650 NE 175 ST Rd
Citra, FL 32113

Name

Gayla Artman

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

16140 SE 91 CT

City

Summerfield

FL

Zip Code

34491

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

Gayla Artman

Secretary

5/1/01

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 **P/D**
NAME **Ricky Kelley**
STREET ADDRESS **4650 NE 175 ST Rd**
CITY-ST-ZIP **Citra, FL 32113**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V/M/T**
NAME **Clark Artman**
STREET ADDRESS **16140 SE 91 CT**
CITY-ST-ZIP **Summerfield FL 34491**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **S**
NAME **Gayla Artman**
STREET ADDRESS **16140 SE 91 CT**
CITY-ST-ZIP **Summerfield, FL 34491**

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Gayla Artman

Gayla Artman

5/17/01

352-347-4423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: R DIRECTOR

Date

Daytime Phone #

CRZE034 (11/00)