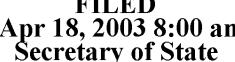
FILED	
Apr 18, 2003 8:00 a	m
Secretary of State	



FILED
Apr 18, 2003 8:00 am Secretary of State
Secretary of State
04-18-2003 90153 010 ***158.75

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A pr	18,	2003	8:	00	am
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DOCUMENT # P93000025196 1. Entity Name KELLEY'S DRYWALL OF MARION COUNTY, INC.						Secretary of State 04-18-2003 90153 010 ***158.75	
Principal Place of Business 16140 SE 91 CT SUMMERFIELD FL 34491 Mailing Address 16140 SE 91 CT SUMMERFIELD FL 34491 SUMMERFIELD FL 34491					90094797		
Principal Place of Business Address Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	FEI Number 59-3174356 Applied For Not Applicab	le	
Zip	Country	Zip	Count	ry 	7	Certificate of Status Desired \$8.75 Additional Fee Required	
······································	6. Name and Address of Current	Registered Agent		<u> </u>	7. (Name and Address of New Registered Agent	4
ARTMAN, GAYLA 16140 SE 91 CT			Name Street Address (P.O. Box Number is Not Acceptable)				
SUMMERI	FIELD FL 34491			City		FL Zip Code	-
	named entity submits this statement fo tions of registered agent.	r the purpose of changi	ng its registere	d office or	registered ag	gent, or both, in the State of Florida. I am familiar with, and accep	ı
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registered	Agent signatur	e required when re	reinstating) DATE	ľ
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	PD KELLEY, RICKEY C 4650 N.E. 175TH STREET ROAD	☐ Delete	TITLE NAME STREE		ک نبونة و	Change ☐ Additio	n
CITY-ST-ZIP	CITRA FL 32113	Delete	CITY- TITLE	ST-ZIP	M	☐ Change ☐ Additio	_
NAME STREET ADDRESS CITY-ST-ZIP	ARTMAN, CLARK	U delete	NAME STREE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARTMAN, GAYLA 16140 SE 91 CT SUMMERFIELD FL 34491	☐ Delete				☐ Change ☐ Additio	\
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•			☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1		Change Additio	n
TITLE		☐ Delete	TITLE			☐ Change ☐ Additio	

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.

NAME

STREET-ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/11/03 352 266 8266