

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90034 034 \*\*\*150.00

0157645 FP

**DOCUMENT # P94000032965**

1. Entity Name

**CARL M. FREIMUTH DRY WALL, INC.**



Principal Place of Business

**9195 SE 9TH TERR  
OCALA FL 34480  
US**

Mailing Address

**9195 SE 9TH TERR  
OCALA FL 34480  
US**

2. Principal Place of Business

**9195 SW 9th Terr**  
Suite, Apt. #, etc.

3. Mailing Address

**9195 SW 9th Terr.**  
Suite, Apt. #, etc.

City & State  
**OCALA, FL**

City & State  
**OCALA, FL**

4. FEI Number **59-3248821**

Applied For  
Not Applicable

Zip  
**34476**

Country  
**marion**

Zip  
**34476**

Country  
**marion**

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

6. Name and Address of Current Registered Agent

**FREIMUTH, CARL M  
5800 NW 118 STREET ROAD  
REDDICK FL 32686**

7. Name and Address of New Registered Agent

Name **Freimuth, Carl M**

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

**9195 SW 9th Terr**

City **OCALA**

FL Zip Code **34476**

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 **Carl M. Freimuth**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
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 **D** ☐ Delete  
NAME **FREIMUTH, CARL M**  
STREET ADDRESS **5800 NW 118 STREET ROAD**  
CITY-ST-ZIP **REDDICK FL 32686**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Freimuth, Carl M**  
STREET ADDRESS **9195 SW 9th Terr**  
CITY-ST-ZIP **OCALA, FL 34476** Address

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 687, 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.

SIGNATURE:

**Carl M. Freimuth**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-7-03**

Date

Daytime Phone #

**352-629-5326**

CR2E034 (4/03)

Attachment 90141015  
#P94000032965

Dear Sirs:

The Corporation did  
not receive the prior  
notice for renewal application,  
so I am submitting \$150  
for filing fee.