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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 03, 2003 8:00 am
Secretary of State
05-05-2003 91802 030 ***158.75

DOCUMENT # P94000044700

1. Entity Name

RANDY SEXTON DRYWALL, INC.

55045981 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5290 SE 188 Ct.	5290 SE 188 Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocklawaha, FL 32179	City & State: Ocklawaha, FL 32179
Zip: 32179 Country: USA	Zip: 32179 Country: USA

4. FEI Number: 59-32511-32 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Randall L. Sexton

Street Address (P.O. Box Number is Not Acceptable): 5290 SE 188 Ct.

City: Ocklawaha FL Zip Code: 32179

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	DP
NAME	Randy L. Sexton
STREET ADDRESS	5290 SE 188 Court
CITY-ST-ZIP	Ocklawaha, FL 32179
TITLE	DST
NAME	Tammy Sexton
STREET ADDRESS	5290 SE 188 CT
CITY-ST-ZIP	Ocklawaha, FL 32179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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

SIGNATURE: X Randy L. Sexton President Randy L. Sexton, President 5-30-03 352-843-1992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #