## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED Fob 17, 2002 8:00 am			
DOCUMENT # P95000030156					Feb 17, 2002 8:00 a Secretary of State				o am ate	
TELLEZ [	DRYWALL, INC						02-17-2002 90040			
				;		,				
Principal Place of Business Mailing Address						$\dashv$				
1266 NE 12 PL 1266 NE 12 PL				•						
OCALA FL 34470 OCALA FL 34470										
2. Principal Place of Business 3. Mailing Address			3. Mailing Address					<b>                                    </b>	JUHU BIUH 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			<b>4</b> . F	59-3308318		pplied For ot Applicable	
Zip	Coul	ntry	Zip	Cour	ntry	5. (	Certificate of Status Desired	\$8.75 Add		
	_6. Name and A	dress of Current Re	gistered Agent			7. N	lame and Address of New Registere	<del> </del>	-	
					Name			***		
TELLEZ, JOHNNY					Street Address (P.O. Box Number is Not Acceptable)					
1266 NE 12 PL OCALA FL 34470				•			Tarra Carra			
UUALA FL	_ 344/U				City		<u></u>	- Tain Cod	-	
<u>;</u>					City FL Zip Code					
8. The above	named entity submi	ts this statement for th	e purpose of changing i	its register	ed office or regis	stered ag	ent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed	name of registered agent and	itle if applicable. (NC	DTE: Registere	ed Agent signature requ	ired when re	instating) DATE	:	······	
9. This corpo	pration is eligible to s	atisfy its Intangible	FII E NOW	VIII EEE	IS \$150.00	west promoted				
<ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)</li></ol>				will be \$550.00		10. Election Campaign Financing Trust Fund Contribution.		<b>0</b> May Be I to Fees		
11.	<del></del>	OFFICERS AND DIF	RECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AI	ND DIRECTORS	S IN 11	
TITLE NAME	D TELLEZ JOUNN	,	☐ Delete	TITL				☐ Change	Addition	
TELLEZ, JOHNNY STREET ADDRESS 1266 NE 12 PL				NAM STRE	ET ADDRESS					
CITY-ST-ZIP	OCALA FL 34470	)			-ST-ZIP					
TITLE			☐ Delete	TITL	l l		,	☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM	E ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITL			· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
NAME STREET ADDRESS	•		~· - ·		E			•		
CITY-ST-ZIP					ET ADDRESS - ST- ZIP					
TITLE :		**	☐ Delete	TITLE			,	☐ Change	☐ Addition	
NAME				NAM	I .			<del>-</del> •	_	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
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NAME			- Delete	NAM					Addition	
STREET ADDRESS City-St-Zip	Ī				ET ADDRESS					
TITLE					-ST-ZIP		. 178 L-1			
NAME			☐ Delete	, TITLE NAMI				☐ Change	☐ Addition	
STREET ADDRESS	<u> </u>				ET ADDRESS					
DITY-ST-ZIP	partify the had before	ation cumplied with all t	filing does set : "" (		-ST-ZIP	0. "	19.07(3)(i). Florida Statutes. I further of			
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Thereby 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.

GNATURE:

| Date | Daytime Phone # SIGNATURE: Y