

FILED  
May 19, 2003 8:00 am  
Secretary of State

04-28-2003 91514 037 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000030156  
1. Entity Name  
Teller Drywall Inc.



**DO NOT WRITE IN THIS SPACE**

**55041806**

2. Principal Place of Business  
5243 S.E. 44th Cir  
Suite, Apt. #, etc.

3. Mailing Address  
5243 S.E. 44th Cir  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Ocala, FL

City & State  
Ocala, FL

4. FEL Number  
59-3308318  
Applied For  
☐ Not Applicable

Zip  
34480  
Country  
Marion

Zip  
34480  
Country  
Marion

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  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 [Signature] DATE 4-18-03  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres. Sammy Teller</u> <u>5243 S.E. 44th Cir</u> <u>Ocala FL 34480</u>
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**DO NOT WRITE IN THIS SPACE**

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: [Signature] DATE 4-18-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)