

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

DOCUMENT # **P96000070268**

1. Entity Name

Darnell Drywall, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -8 AM 10:13

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

428 Collinsford Rd.

3. Mailing Address

P.O. Box 16112

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FLA. 8

City & State

Tallahassee FLA.

Zip

32301

Country

U.S.A.

Zip

32317

Country

U.S.A.

2002 UBR

4. FEI Number

59-3397146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gordon T. Darnell

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

428 Collinsford Rd.

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

G. T. Darnell

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

(NOTE: Registered Agent signature required when reinstating)

11/8/2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Director	Gordon T. Darnell	P.O. Box 16112	Tallahassee FLA 32317
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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11/08/02--01013--003 **158.75

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

G. T. Darnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/2002

Date

Daytime Phone #

CR2E034B (12/01)

Annual Reports

2 of 2

I Gordon T. Darnell didnot recieve my Annual Report for my Business (Darnell Drywell, Inc. Please waive the reinstatement fees.

G. T. Darnell