

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036270

1. Entity Name

GREG CHENEY DRYWALL, INC.

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90274 046 ***150.00

Principal Place of Business

385 ACORN LANE
LEESBURG FL 34785

Mailing Address

385 ACORN LANE
LEESBURG FL 34785

550154

2. Principal Place of Business

8544 TREASURE ISLAND RD
Suite, Apt. #, etc.

3. Mailing Address

8544 TREASURE ISLAND RD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LEESBURG FL

City & State

LEESBURG FL

4. FEI Number

59-3442307

Applied For

Not Applicable

Zip

34788

Country

LAKE

Zip

34788

Country

LAKE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHENEY, GREG
9270 SE 187TH TERRACE
OKLAWAHA FL 32179

7. Name and Address of New 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.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS CHENEY, GREGORY. ALAN
CITY-ST-ZIP 385 ACORN LANE
LEESBURG FL 34785

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

352-435-0951

Daytime Phone #

CR2E034 (10/00)