

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

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90070 009 \*\*\*150.00

**DOCUMENT # P97000064900**

1. Entity Name

One Call Drywall, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

106 Windmill Way

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 522482

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Longwood, Florida

City & State  
Longwood, Florida

4. FEI Number  
59-3465001

Applied For  
Not Applicable

Zip  
32750

Country

Zip  
32752-2482

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
Gregory Husmann

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

106 Windmill Way

City Longwood FL Zip Code 32750

**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

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

(NOTE: Registered Agent signature required when reinstating)

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 D  
NAME Gregory Husmann  
STREET ADDRESS 106 Windmill Way  
CITY-ST-ZIP Longwood, FL 32750

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME Lisa Husmann  
STREET ADDRESS 106 Windmill Way  
CITY-ST-ZIP Longwood, FL 32750

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 another like empowered.

SIGNATURE:  (Gregory S. Husmann) 4-29-02 407-834-6161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)