

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90977 038 ***150.00

DOCUMENT # P97000064900

1. Entity Name

One Call Drywall, Inc.



DO NOT WRITE IN THIS SPACE

11021813

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, FL

City & State

Longwood, Florida

4. FEI Number

59-3465001

Applied For

Not Applicable

Zip

32750

Country

US

Zip

32752

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

D
Gregory Husmann
106 Windmill Way
Longwood, FL 32750

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
Lisa Husmann
106 Windmill Way
Longwood, FL 32750

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**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:

Gregory Husmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-03 4078652978

Date

Daytime Phone #

CR2E034B (12/02)