

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
 01-18-2000 90145 003 ***150.00

DOCUMENT # P97000069220

1. Entity Name
BUDGET DRYWALL, ROOFING, AND CONSTRUCTION, INC.

Principal Place of Business **Mailing Address**
~~RT. 2 BOX 119A~~ 5134 Galloway Rd. ~~RT. 2 BOX 119A~~ 5134 Galloway Rd.
 GRACEVILLE FL 32440 GRACEVILLE FL 32440-9802

701598

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Zip Country Zip Country

4. FEI Number **Applied For**
 59-3489234 59-3481099
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 NELSON, KAREN L
 RT. 2 BOX 119A 5134 Galloway Rd
 GRACEVILLE FL 32440

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, 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. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	NELSON, ROBERT T	
STREET ADDRESS	RT. 2 BOX 119A 5134 Galloway Rd	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NELSON, GERALD D	
STREET ADDRESS	RT. 2 BOX 119A 5134 Galloway Rd	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NELSON, KAREN	
STREET ADDRESS	RT. 2 BOX 119A 5134 Galloway Rd	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert L Nelson* 1-11-00 850-263-3276
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)