

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104223

1. Entity Name

CHARLES CALHOUN PAINTING & DRYWALL, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90081 022 \*\*\*150.00

Principal Place of Business

1311 EXECUTIVE CENTER DR. #104  
TALLAHASSEE FL 32301-5018

Mailing Address

1311 EXECUTIVE CENTER DR. #104  
TALLAHASSEE FL 32301-5018

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

59-3551303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALHOUN, SHELVEY  
2489 REGISTER RD.  
TALLAHASSEE FL 32311

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.  
(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 P ☐ Delete  
NAME CALHOUN, MIKE  
STREET ADDRESS 5011 TILLIE LANE  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☒ Change ☐ Addition  
NAME 5061 TILLIE LANE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME CALHOUN, SHELVEY  
STREET ADDRESS 2489 REGISTER RD  
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE T ☐ Delete  
NAME MONTI, R.J.  
STREET ADDRESS 743 RED FERN RD.  
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE S ☒ Delete  
NAME WILLIAMS, BETH  
STREET ADDRESS 532 WOODVILLE HWY  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☒ Change ☐ Addition  
NAME SECRETARY  
STREET ADDRESS NANCY L. CALHOUN  
CITY-ST-ZIP 5061 TILLIE LANE  
TALLAHASSEE, FL. 32310

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Mike Calhoun* PRESIDENT

01-11-01 877-9372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)