

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90014 037 ***150.00

DOCUMENT # P98000104223

1. Entity Name

CHARLES CALHOUN PAINTING & DRYWALL, INC.

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
Fees Required

6. Name and Address of Current Registered Agent

**CALHOUN, SHELVEY
2489 REGISTER RD.
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name

MIKE CALHOUN

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

5061 TILLIE LANE

City

TALLAHASSEE

FL

Zip Code

32305

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

Mike Calhoun

MIKE CALHOUN/OWNER PRESIDENT

2-13-02

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, 2002 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	<input type="checkbox"/> Delete
NAME	CALHOUN, MIKE	
STREET ADDRESS	5061 TILLIE LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CALHOUN, SHELVEY	
STREET ADDRESS	2489 REGISTER RD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONTI, R.J.	
STREET ADDRESS	743 RED FERN RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	S	<input type="checkbox"/> Delete
NAME	CALHOUN, NANCY L	
STREET ADDRESS	5061 TILLIE LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS GOFF	
STREET ADDRESS	219 Mulberry circle	
CITY-ST-ZIP	Crawfordville, Fl. 32327	
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		
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:

Mike Calhoun **MIKE CALHOUN**

2-13-02

850-877-9372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)