

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**  
02-11-2002 90097 006 \*\*\*150.00

MADE001 AV

**DOCUMENT # P99000068616**

**1. Entity Name**  
**INTERIOR DRYWALL SPECIALTIES, INC.**

**Principal Place of Business**

**2131 S.E. 18TH PL.**  
**CAPE CORAL FL 33990**

**Mailing Address**

**2131 S.E. 18TH PL.**  
**CAPE CORAL FL 33990**

**2. Principal Place of Business**

**2828 BEACH PKWY W.**

Suite, Apt. #, etc.

**3. Mailing Address**

**2828 BEACH PKWY W**

Suite, Apt. #, etc.

**City & State**

**CAPE CORAL FL.**

**City & State**

**CAPE CORAL FL**

**Zip**

**33914-6039**

**Country**

**LEE**

**Zip**

**33914-6039**

**Country**

**LEE**

**4. FEI Number**

**65-0934899**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

## 6. Name and Address of Current Registered Agent

**ASBURY, JEFFREY L**  
**2131 S.E. 18TH PL.**  
**CAPE CORAL FL 33990**

## 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.**  
(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

**TITLE** **P** ☐ Delete  
**NAME** **ASBURY, JEFFREY L**  
**STREET ADDRESS** **2131 SE 18TH PL**  
**CITY-ST-ZIP** **CAPE CORAL FL 33990**

**TITLE** **T** ☐ Delete  
**NAME** **VEILLEUX, CARL**  
**STREET ADDRESS** **1701 SE 21ST LANE**  
**CITY-ST-ZIP** **CAPE CORAL FL 33990**

**TITLE** **S** ☐ Delete  
**NAME** **TATE, JAME**  
**STREET ADDRESS** **1203 SE 21ST AVE.**  
**CITY-ST-ZIP** **CAPE CORAL FL 33990**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGNATURE** **JEFFREY L ASBURY (PRES.)** **1/18/02** **(941) 848-7631**

CR2E034 (9/01)