2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087938

1. Entity Name

WESLEY DRYWALL, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90102 006 ***150.00

Principal Place of Business	Mailing Address
5730 PEBBLEVIEW MILTON FL 32583	5730 PEBBLEVIEW MILTON FL 32583-2303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Home-5730 Pebbleview	5730 Pebbleview
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milton, FL	City & State: Milton, FL
Zip: 32583 Country: USA	Zip: 32583 Country: USA

4. FEI Number 59-3604365 ☐ 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
GARVIN, KARIN A 6839 CAROLINE STREET MILTON FL 32570	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WESLEY, RODNEY 5730 PEBBLEVIEW MILTON FL 32583	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Secretary / Treasurer Jolie Wesley 5730 Pebbleview Milton, FL 32583 SS# 592-48-4861	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Rodney Wesley ______ 3/13/00 850 983-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #