

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 422088
 1. Entity Name
DePlonty Construction, Inc. *amended*

06-05-2000 90049 001 *****61.25

FILE#422088

SECRETARY OF STATE
 DIVISION OF CORPORATION

00 JUN 27 PM 1:32

00060900

Principal Place of Business Mailing Address
28200 Bermont Road same
Punta Gorda, FL
33982

2. Principal Place of Business 3. Mailing Address
28200 Bermont Road 28200 Bermont Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Punta Gorda, FL Punta Gorda, FL
 Zip Country Zip Country
33982 USA 33982 USA

4. FEL Number Applied For
59-1501038 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Duane E. DePlonty
6149 Misty Oaks Court
Sarasota, FL 34243

7. Name and Address of New Registered Agent
 Name Mariann Olson
 Street Address (P.O. Box Number is Not Acceptable) 2679 Man of War Circle
 City Sarasota FL Zip Code 34240

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 Mariann Olson Esq. Mariann Olson 05-23-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW
FEES: \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>DePlonty, Joan J.</u> <u>6149 Misty Oaks Court</u> <u>Sarasota, FL 34243</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Duane E. DePlonty</u> <u>6149 Misty Oaks Court</u> <u>Sarasota, FL 34243</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary/Treasurer</u> <u>Mariann Olson</u> <u>2679 Man of War Circle</u> <u>Sarasota, FL 34240</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mariann Olson Mariann Olson 5-22-00 941-639-0663
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)

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