

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 547827

1. Entity Name

D.L. PORTER CONSTRUCTION, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90053 044 ***158.75

Principal Place of Business

Mailing Address

6574 PALMER PARK CIR
SARASOTA FL 34238
US

6574 PALMER PARK CIR
SARASOTA FL 34238-2777
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1782890

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHITE, C. MARSHALL
6574 PALMER PARK CIR
SARASOTA FL 34238

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, 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	P	☐ Delete
NAME	LOER, GARY A	
STREET ADDRESS	6574 PALMER PARK CIR	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	ST	☐ Delete
NAME	JEWELL, PAULETTE	
STREET ADDRESS	6574 PALMER PARK CIR	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	V	☐ Delete
NAME	WHITE, C. MARSHALL	
STREET ADDRESS	6574 PALMER PARK CIR	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULETTE JEWELL

2-8-00

Date

941-929-9400

Daytime Phone #

CR2E034 (9/99)