2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H35194 Jan 21, 2000 8:00 am **Secretary of State** DPI CONSTRUCTION AND ENGINEERING CORP. 01-21-2000 90114 045 ***150.00 Principal Place of Business Mailing Address 240 BAYSIDE DRIVE 250 PATRICK BLVD., STE. 140 **BROOKFIELD WI 53045-5826** CLEARWATER FL 34630 C0008306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 36-3338560 Not Applicable Zin 7in Country Country \$8.75 Additional 5. Certificate of Status Desired 33767-2503 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEIERLEBER, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 240 BAYSIDE DRIVE **CLEARWATER FL 34630** FL Zip Code 33767-2503 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 5(3) Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete Change KEIERLEBER, JEFFREYHOWEDSING COSK NAME STREET ADDRES 240 BAYSIDE DRIVE STREET ADDRESS CLEARWATER FL 34630 CITY-ST-ZIP CITY-ST-ZIP 33767-2503 TITLE ☐ Delete ☐ Change ☐ Addition NAME SWEET, MICHAEL STREET ADDRESS 250 PATRICK BLVD. STE. 140 STREET ADDRESS CITY-ST-ZIP **BROOKFILED WI 53045** CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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.