

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L14412

1. Entity Name
D'PIERRE CONSTRUCTION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90145 007 ***150.00

Principal Place of Business 6801 RICH RD. N. FT. MYERS FL 33917	Mailing Address 6801 RICH RD. N. FT. MYERS FL 33917-4512
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650894



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1309544	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

PEDERSEN, KJELL
2555 ESTERO BLVD.
FT. MYERS BEACH FL 33931

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 _____ (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

PD POIRIER, EPHREM A. 6801 RICH RD. N. FT. MYERS FL	<input type="checkbox"/> Delete
VST POIRIER, NICHELLE 6801 RICH RD. N. FT. MYERS FL	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	

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 # _____

CR2E034 (9/99)