**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 09, 2002 8:00 am Secretary of State DOCUMENT # 319689 07-09-2002 90396 036 \*\*\*550.00 D. I. C. COMMERCIAL CONSTRUCTION CORP. Principal Place of Business Mailing Address PO BOX 19388 ロムアやしの工語 5260 SW 8 ST PLANTATION FL 33318 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1212519 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEAL, RUSSELL R. JR. Street Address (P.O. Box Number is Not Acceptable) 2591 SE MARSEILLE ST PT ST LUCIE FL 34952 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete PTD TITLE NAME SEAL, RÖGER E. NAME STREET ADDRESS STREET ADDRESS 5260 SW 8TH ST CITY-ST-7IP PLANTATION, FL 00000 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SEAL, RUSSELL R. JR. STREET ADDRESS STREET ADDRESS 2591 SE MARSEILLE ST CITY-ST-ZIP CITY-ST-7IP PT ST LUCIE FL 34952 ☐ Addition ☐ Change Delete -TITLE TITLE - --NAME SEAL, MARY STREET ADDRESS STREET ADDRESS 2591 SE MARSEILLE ST CITY-ST-ZIP CITY-ST-7IP PT ST LUCIE FL 34952 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

1 Ea D TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR