

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90082 035 ***150.00

DOCUMENT # 481862

1. Entity Name
DEMING CONSTRUCTION COMPANY, INC.

Principal Place of Business

2219 STARBOARD
 WINTER HAVEN FL 33881
 US

Mailing Address

2219 STARBOARD
 WINTER HAVEN FL 33881
 US

2. Principal Place of Business

2212 PORT

Suite, Apt. #, etc.

3. Mailing Address

2212 PORT

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number **59-1622345**

Applied For

Not Applicable

Zip

33881

Country

POIK

Zip

33881

Country

POIK

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

DEMING, C.F.
 2219 STARBOARD
 WINTER HAVEN FL 33881

Name

Deming C.F.

Street Address (P.O. Box Number is Not Acceptable)

2212 PORT

City

Winter Haven

FL

Zip Code

33881

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, 2001 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 **PD** ☐ Delete
 NAME **DEMING, CHAS F**
 STREET ADDRESS **2219 STARBOARD**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

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

TITLE **TSD** ☐ Delete
 NAME **DEMING, ALICE L**
 STREET ADDRESS **2219 STARBOARD**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Charles F. Deming
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2001 863-293-2740
 Date Daytime Phone #

CR2E034 (10/00)