FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 18, 2003 8:00 am Secrétary of State 515179 **DOCUMENT #** 07-18-2003 90075 025 ***150.00 1. Entity Name D B ESTIMATORS, INC. Principal Place of Business Mailing Address - 055-CHILDRE-AVE -055 CHILDRE AVE--TITUSVILLE-FL-02706 -TITUSVILLE-FL-02796 2. Principal Place of Business 3710 Austin Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES & State 4. FEI Number Applied For 59-1694743 <u>i</u>ms Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Age 7. Name and Address of New Registered Agent BRITT, DANIEL T. Box Number is Not Ardeptable, AUSTIN HEAL -3465 LIONEL ROAD MIM9-FL 92754 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. I am familiar with, the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Addition 3710 Austin Healy Lane 32754 BRITT, DANIEL T NAME NAME 3405 LIONEL ROAD STREET ADDRESS STREET ADDRESS MIM9; FL 00000-CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE BRITT, BETTY W NAME NAME 3710 Austin Healy Lane 3405 LIONEL ROAD STREET ADDRESS STREET ADDRESS MIMS FL CITY-ST-ZIF CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

Date

Daytime Phone #

Attachment

90144426

D B ESTIMATORS, INC. 3710 Austin Healy Lane Mims, Florida 32754

__July_10,_2003__

DIVISION OF CORPORATIONS Uniform Business Reports Filing P.O. Box 1500 Tallahassee, FL 32302-1500

RE: D.B. ESTIMATORS, INC. Document #515179 UBR 2003 59-1694743

Dear Division of Corporations;

Please be advised we just received our UBR for 2003 forwarded from the old address and are filing and enclosing a check in the amount of \$150.00 with our report. My wife has been extremely ill for the past three (3) months and unfortunately business priorities were damaged given the nature of the illness.

We have filed our UBR on timely manner in years past however due to the above mentioned illness, this obligation was overlooked. Please accept this report and our funds to update our corporate status. Please note the change in the address for future references.

Thank you for your time and attention to this matter.

Sincerely,

Daniel T. Britt

President