

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90247 001 \*1,472.50

DOCUMENT # 641418

1. Entity Name

DELTONA CONSTRUCTION COMPANY, INC.

Principal Place of Business

8014 SW 135th Street Road  
Ocala, FL 34474

Mailing Address

8014 SW 135th Street Road  
Ocala, FL 34473

11044

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-1943036Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUMMERHIELM, SHARON J.  
999 Brickell Avenue  
Suite 700  
Miami, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers 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

Signature of the named name of registered agent and 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

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | PD                          | <input type="checkbox"/> Delete            |
| NAME           | GRAM, ANTONY                |                                            |
| STREET ADDRESS | 8014 SW 135th Street Road   |                                            |
| CITY-STATE-ZIP | Ocala, FL 34473             |                                            |
| TITLE          | TD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | MCNELLEY, DONALD            |                                            |
| STREET ADDRESS | 8014 SW 135th Street Road   |                                            |
| CITY-STATE-ZIP | Ocala, FL 34473             |                                            |
| TITLE          | VSD                         | <input type="checkbox"/> Delete            |
| NAME           | HUMMERHIELM, SHARON         |                                            |
| STREET ADDRESS | 999 Brickell Avenue STE 700 |                                            |
| CITY-STATE-ZIP | Miami, FL 33131             |                                            |
| TITLE          | S                           | <input type="checkbox"/> Delete            |
| NAME           | FISHER, BETH                |                                            |
| STREET ADDRESS | 8014 SW 135th Street Road   |                                            |
| CITY-STATE-ZIP | Ocala, FL 34473             |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-STATE-ZIP |                             |                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Add on              |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY-STATE-ZIP |                           |                                                                              |
| TITLE          | TD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BATTLE, JOHN              |                                                                              |
| STREET ADDRESS | 8014 SW 135th Street Road |                                                                              |
| CITY-STATE-ZIP | Ocala, FL 34473           |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY-STATE-ZIP |                           |                                                                              |
| TITLE          | AS                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY-STATE-ZIP |                           |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY-STATE-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 contained on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as I 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 #

1/14/02 305-579-0999 (KOS)