2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F44506 1. Entity Name

FILED May 17, 2001 8:00 am Secretary of State

05-17-2001 90408 031 ***158.75

DON DETERMAN, INC. Principal Place of Business Mailing Address 805-A BARRELL AVE PO BOX 12841 FT PIERCE FL 34982 FT PIERCE FL 34979 2. Principal Place of Business 2401 Canoe Creek Ly 3. Mailing Address
(240) Canac Credition



Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
Total City & State City & State City & State			#1		FEI Number 59-2106353		Applied For Not Applicable	
_Zip Country Zip			Country St. Luc	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	3("000	7. Name and Address of New Registered Agent						
Name and Address of Current Registered Agent					3			
DETI 2401 FT 1	Street Address (P.O. Box Number is Not Acceptable)							
FT. PIERCE FL 33482								
				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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Tax filing requirement and elects to do so. After MAY 1, 2001			FEE IS \$150.00 Fee will be \$550.00 o Department of State		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS 12.				JA	DDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 11	
TITLE	PST	☐ Delete	TITLE			☐ Cha	ange 🔲 Addition	
NAME	DETERMAN, DON		NAME					
STREET ADDRESS	2401 CANOE CREEK LANE		STREET ADDRESS					
CITY-ST-ZIP	FT. PIERCE FL		CITY-ST-ZIP					
TITLE	V	☐ Delete	TITLE			Chá	ange 🗌 Addition 📗	
NAME	DETERMAN, MARY		NAME					
STREET ADDRESS	2401 CANOE CREEK LANE		STREET ADDRESS					
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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 a readeress, with all other like empowered.

SIGNATURE:

541-466-4727

Affordments

DON DETERMAN INC \$50057870

2401 CANOE CREEK LANE FT. PIERCE, FL 34981

561-466-4727

State Certified Building Contactor **CBC A22179**

State Certified Roofing Contractor CC C05387

MAY 11, 2001

DEPARTMENT OF STATE DIVISION OF CORPORATIONS KATHERINE HARRIS. SECRETARY OF STATE TALLAHASEE, FLORIDA 32314

WE ARE ASKING FOR YOUR UNDERSTANDING IN OUR LATE POSTMARKED REPORT. WE ARE VERY UPSET AROUT IT AS WE HAVE NEVER REEN LATE REFORE WE HAVE BEEN A FLORIDA CORPORATION SINCE 1981. I CALLED TALLAHASSEE AS SOON AS WE REALIZE THE OVERSITE I WAS TOLD TO WRITE A LETTER OF EXPLANATION AND MAIL IT WITH REPORT AND CHECK FOR \$158.50.

OUR ACCOUNTANT FOR 10 YEARS WAS VERY ILL AND ENDED UP REQUIRING SURGERY AND SUBSEQUENTLY, WHEN WE PICK UP OUR PAPERWORK, WE FOUND THAT IS HAD NOT BE FILED! WE ARE TRYING TO DO THE WORK OURSELVES UNTIL WE FIND A REPLACEMENT WHICH WILL BE HARD TO DO WE DID ENTERED A CHANGE OF ADDRESS SO ALL MAIL WILL COME TO US AND WE CAN CHECK EVERYTING REFORE TURNING IT OVER TO ACCOUNTANT

WE ASK THAT YOU PLEASE EXCUSE US JUST THIS ONCE, AS IT IS VERY HARD FOR SMALL BUSINESS TO AFFORD A LOT OF OFFICE EMPLOYEES SO WE RELY ON OUR ACCOUNTANT FOR A LOT, NONE OF US KNOW, WHEN ILLNESS WILL KNOCK US OUT. MENTALLY AND PHYSICALLY, SO WE MIST FORGIVE HIM TOO.

VERY TRULY YOURS.

MARY S. RETERMAN, VICE PRESIDENT.

DON DETERMAN INC

MD/md