## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # F77381** 1. Entity Name DAUNCEY CONSTRUCTION, INC. 03-01-2001 90050 031 \*\*\*150.00 Principal Place of Business Mailing Address 2700 WEST CYPRESS CREEK RD 1198 S.W. 4TH AVE. SUITE C 105 **BOCA RATON FL 33432** WIUWU FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 2700 West Copres Cule Rd Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE .105 Applied For City & State City & State 4. FEI Number 59-2179641 aderda ( Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAUNCEY, JAMES R Street Address (P.O. Box Number is Not Acceptable) 1198 S.W. 4TH AVE. **BOCA RATON FL 33432** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Change Addition TITLE TITLE DAUNCEY, JAMES R NAME NAME 1198 S.W. 4TH AVE. STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I hereby certify that the information supplied with this filing de indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 attact ment with an addre vith all other lik empowered.

SIGNATURE:

SIGNATURE AND TYPED OR

CR2E034 (10/00)