

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90163 013 ***158.75

DOCUMENT # H03059

1. Entity Name

D. JAMES ESLINGER CONSTRUCTION, INC.



Principal Place of Business

**8424 COASH RD
SARASOTA FL 34241**

Mailing Address

**8983 MISTY CREEK DRIVE
SARASOTA FL 34241**

2. Principal Place of Business

3. Mailing Address

8424 Coash Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

Country

34241

Country

4. FEI Number **59-2403059**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ESLINGER, JAMES L
8983 MISTY CREEK DR
SARASOTA FL 34241**

7. Name and Address of New Registered Agent

Name **JAMES L. ESLINGER**
Street Address (P.O. Box Number is Not Acceptable) **8424 COASH RD**
City **SARASOTA** State **FL** Zip Code **34241**

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, and accept, the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VT** ☐ Delete
NAME **ARDEN, JULIE A**
STREET ADDRESS **2234 OTTER CREEK DR**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **P** ☐ Delete
NAME **ESLINGER, JAMES L.**
STREET ADDRESS **8983 MISTY CREEK DR**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V.T.S.** ☒ Change ☐ Addition
NAME **JULIE A. ARDEN**
STREET ADDRESS **6400 YELLOW WOOD PL**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **P** ☒ Change ☐ Addition
NAME **JAMES L. ESLINGER**
STREET ADDRESS **8424 COASH RD**
CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE ☐ Change ☐ Addition
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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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-3 (941) 371-3920

Date

Daytime Phone #

CR2E034 (10/02)