

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90137 022 ***150.00

DOCUMENT # **H51129**

1. Entity Name
DON DEFLAVIS CONSTRUCTION, INC.



Principal Place of Business
**720 WEBER BLVD S.
NAPLES FL 34117
US**

Mailing Address
**720 WEBER BLVD
NAPLES FL 34117
US**

00014073



2. Principal Place of Business
99 3rd St.

3. Mailing Address
P.O. Box 1356

Suite, Apt. #, etc.
Bonita Springs, FL

Suite, Apt. #, etc.
Bonita Springs, FL

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2529515**

Applied For
Not Applicable

Zip
34134

Country
USA

Zip
34133

Country
USA

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

6. Name and Address of Current Registered Agent

**DEFLAVIS, DON
720 WEBER BLVD S.
NAPLES FL 34117**

7. Name and Address of New Registered Agent

Name **99 3rd St.**
Street Address (P.O. Box Number is Not Acceptable)
Bonita Springs FL
City **FL** Zip Code **34134**

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 *Don DeFlavis pres.* **1/25/03**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTS	DEFLAVIS, DONALD	720 WEBER BLVD S.	NAPLES FL 34117	<input type="checkbox"/>
		99 3rd St	Bonita Springs FL 34134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VICE PRESIDENT	SUSAN DEFLAVIS	99 3 rd St	Bonita Springs, FL 34134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Don DeFlavis pres.* **1/25/03** **239 495 6740**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)