


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90165 040 ***150.00

DOCUMENT # H75063	
1. Entity Name D-MAR GENERAL CONTRACTING & DEVELOPMENT, INC.	

Principal Place of Business 1453 S. GREENWOOD AVE. CLEARWATER FL 33756 US	Mailing Address 1453 S. GREENWOOD AVE. CLEARWATER FL 33756 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2576550	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LYONS, GARY W. 311 SOUTH MISSOURI AVENUE CLEARWATER FL
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE VPS NAME DIPOLITO, DOREEN STREET ADDRESS 1624 PARKSIDE DRIVE CITY-ST-ZIP CLEARWATER FL 33756 <input type="checkbox"/> Delete	
TITLE P NAME DI POLITO, DOREEN STREET ADDRESS 1102 SOUTH MISSOURI AVENUE #211 CITY-ST-ZIP CLEARWATER FL 33756 <input checked="" type="checkbox"/> Delete	
TITLE VP NAME SUGGS, DAVID E STREET ADDRESS 7969 140TH STREET CITY-ST-ZIP SEMINOLE FL <input type="checkbox"/> Delete	
TITLE T NAME CAUDELL, ANDREW J STREET ADDRESS 2124 FREDERICK CIR CITY-ST-ZIP CLEARWATER FL 33763 <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPS NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPT NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: 	2-4-03	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

CR2E034 (10/02)