

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90129 005 ***150.00

DOCUMENT # J30895

1. Entity Name
ROBERT A. DELORENZO BUILDERS, INC.



Principal Place of Business
**300 W. MITCHELL H. HAMMOCK RD.K
STE 8
OVIEDO FL 32765
US**

Mailing Address
**PO BOX 620637
OVIEDO FL 32762-0637
US**

2. Principal Place of Business
**1495 EVANS STREET
Suite, Apt. #, etc.
STE 100**

3. Mailing Address
Suite, Apt. #, etc.

City & State
OVIEDO, FL

City & State

4. FEI Number **59-2740794**

Applied For
Not Applicable

Zip **32765** Country **US**

Zip Country

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

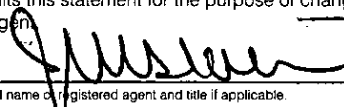
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALONE, J. MICHAEL
517 WEST COLONIAL DRIVE
ORLANDO FL 32804**

Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
523 WEST COLONIAL DRIVE
City **SAME** **FL** Zip Code **SAME**

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 **3/19/03**

**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 **P** ☐ Delete
NAME **DELORENZO, ROBERT A**
STREET ADDRESS **105 ASHFORD DR.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VP** ☐ Change ☒ Addition
NAME **ZERCHER, KEVIN**
STREET ADDRESS **2369 PINE STREET**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **S** ☒ Delete
NAME **DELORENZO, THOMAS**
STREET ADDRESS **138 E HILLCREST AVE.**
CITY-ST-ZIP **NEW CASTLE PA 16105**

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

TITLE **DVP** ☐ Delete
NAME **DELORENZO, PATTI**
STREET ADDRESS **105 ASHFORD DR.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **ST** ☒ Change ☐ Addition
NAME **DELORENZO, PATTI**
STREET ADDRESS **105 ASHFORD DR.**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **VP** ☐ Delete
NAME **ZERCHER, KEVIN**
STREET ADDRESS **2369 PINE STREET**
CITY-ST-ZIP **OVIEDO, FL 32765**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 OF ROBERT A. DELORENZO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03 407-366-0360
Date Daytime Phone #

CR2E034 (10/02)