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2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 23, 2003 8:00 am Secretary of State L72775 DOCUMENT # 1. Entity Name 04-23-2003 90126 026 ***150.00 D. JANCA BUILDER, INC. Principal Place of Business Mailing Address ያስብ የተገባሎ 3 C/O ROBERT DAVID JANCA JR. C/O ROBERT DAVID JANCA JR. PO BOX 5376 PO BOX 5376 DESTIN FL 32540 DESTIN FL 32540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3019689 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JANCA, JR., ROBERT DAVID Street Address (P.O. Box Number is Not Acceptable) 200 DOLPHIN ESTATES COURT DESTIN FL 32541 City 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. 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE ☐ Change Addition JANCA, ROBERT DAVID JR. NAME NAME STREET ADDRESS 200 DOLPHIN ESTATES CT. STREET ADDRESS CITY-ST-ZIP **DESTIN FL** CITY-ST-ZIP ☐ Delete Change TITLE TITLE JANCA, EDITH E. NAME NAME STREET ADDRESS 200 DOLPHIN ESTATES CT. STREET ADDRESS CITY-ST-7IP **DESTIN FL** CITY-ST-7P TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Chánge Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP D'Delete TITI F TITLE ☐ Change ☐ Addition наме NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 of the true amount of the corporation or the receiver of the true amount of the corporation or the receiver of the true amount of the corporation or the receiver of the true amount of the corporation or the receiver of the true amount of the corporation or the receiver of the true amount of the corporation or the receiver of the true amount of true amount of the tru

SIGNATURE:

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

an address, with all other like empowered