## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # M89593** May 15, 2000 8:00 am 1. Entity Name Secretary of State D & G CONSTRUCTION, INC. 05-15-2000 90158 037 \*\*\*150.00 Mailing Address Principal Place of Business 12490 RIVERSIDE DR 12490 RIVERSIDE DR FT MYERS FL 33919-4463 FT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0064183 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **DEVIC. BOZIDAR** Street Address (P.O. Box Number is Not Acceptable) 4409 S.E. 16TH PLACE UNIT 10 CAPE CORAL FL 33904 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition PD ☐ Delete TITLE TITLE DEVIC, BOZIDAR NAME NAME 4409 S.E. 16TH PL., #10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DEVIC, YANNICK B. NAME STREET ADDRESS STREET ADDRESS 4409 S.E. 16TH PL, #10 DITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL - Change — ☐ ·Addition · Delete TITLE DEVIC, RENEE M. NAME STREET ADDRESS 4409 S.E. 16TH PL., #10 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Change Addition ☐ Delete TITLE TITLE GRAY, EDDIE L. NAME NAME STREET ADDRESS 1327 BROOKHILL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ☐ Change Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

VANNICK VEVIC 1-17.00

(941) 549.442

Daytime Phone #