

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90014 016 ***150.00

DOCUMENT # **M89593**

1. Entity Name
Δ & G CONSTRUCTION, INC. UK

Principal Place of Business 12490 RIVERSIDE DR FT. MYERS, FL 33919 US	Mailing Address 12490 RIVERSIDE DR FT. MYERS, FL 33919 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0064183	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

**Δ EVIC, BOZIDAR
 4409 SE 16TH PL
 UNIT 10
 CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Δ	NAME Δ EVIC, BOZIDAR <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4409 SE 16TH PL, 10	CITY-ST-ZIP CAPE CORAL FL	STREET ADDRESS	CITY-ST-ZIP
TITLE V	NAME Δ EVIC, YANNICK B. <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4409 SE 16TH PL, 10	CITY-ST-ZIP CAPE CORAL, FL	STREET ADDRESS	CITY-ST-ZIP
TITLE STO	NAME Δ EVIC, RENEE M. <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4409 SE 16TH PL, 10	CITY-ST-ZIP CAPE CORAL, FL	STREET ADDRESS	CITY-ST-ZIP
TITLE V	NAME GRAY, EDDIE L. <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1327 BROOK HILL DR	CITY-ST-ZIP FT. MYERS, FL	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Renée Devic* **RENEE Δ EVIC** **1941/1482-2071**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TO DEPT. OF STATE
DIVISION OF CORP.

4.28.01

OUR OFFICE REALIZED WE NEVER RECEIVED
A 2001 UBR FORM, BUT WE WANTED TO MAKE
THE REQUIRED PAYMENT BY THE DUE DATE.

WE HAVE NOT HAD ANY CHANGE OF ADDRESS
OR OFFICER INFORMATION OR REGISTERED AGENT
INFORMATION. IF NEEDED, PLEASE SEND A FORM.

Δ 4 G CONSTRUCTION INC.
12490 RIVERSIDE DR.

JET. MYERS, FL 33919

(941) 482.2021

M89593

Attachment
D# M89593
A0073285