

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90195 029 ***150.00

DOCUMENT # P00000020727

1. Entity Name

DEBILLE CONSTRUCTION INC

Principal Place of Business

PO BOX 9660

PANAMA CITY BEACH FL 32417

Mailing Address

PO BOX 9660

PANAMA CITY BEACH FL 32417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3632145

Applied For

Not Applicable

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

FARRISH, AUDREY

804 CHURCHILL BAYOU ROAD

SANTA ROSA BEACH FL 32459

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. 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DEBILLE, DANIEL
PO BOX 9660
PANAMA CITY BEACH FL 32417

☐ Delete

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

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DEBILLE, AMANDA
PO BOX 9660
PANAMA BEACH CITY FL 32417

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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 employed.

SIGNATURE:

Amanda DeBille
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amanda DeBille 7/19/02 850-234-0398
 Date Daytime Phone #

CR2E034 (4/02)

Attachment##

PO00000020727

675472

July 19, 2002

To whom it may concern,

I sent my first check out on 4/1/02 in the envelope provided with the form. The check numbered 1528 was made out for \$150.00 and made payable to Department of State. After not clearing in the month of June I brought it to my accountant's attention.

Please except this check in place of the one lost in the mail. I also want to point out I have not been delinquent before.

Sincerely,



Amanda DeBille
Secretary of DeBille Construction, Inc.