FILED

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

Apr 11, 2003 8:00 am Secretary of State P00000020727 DOCUMENT # 04-11-2003 90104 042 \*\*\*150.00 1. Entity Name DEBILLE CONSTRUCTION INC Principal Place of Business Mailing Address PO BOX 9660 PO BOX 9660 PANAMA CITY BEACH FL 32417 PANAMA CITY BEACH FL 32417 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 59-3632145 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 FARRISH, AUDREY Street-Address (P.O.-Box Number is Not Acceptable) -804 CHURCHILL BAYOU ROAD SANTA ROSA BEACH FL 32459 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. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEBILLE, DANIEL NAME NAME STREET ADDRESS PO BOX 9660 STREET ADDRESS PANAMA CITY BEACH FL 32417 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME 💎 DEBILLE, AMANDA NAME STREET ADDRESS STREET ADDRESS PO BOX 9660 CITY-ST-ZIP PANAMA BEACH CITY FL 32417 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 👡 . TITLE -- □ Delete --\_\_\_Change\_\_ . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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 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

NAME

STREET ADDRESS

CITY-ST-7IP

Amanda L. ReBille

NAME

STREET ADDRESS

CITY-ST-7IP