

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90144 028 ***150.00

DOCUMENT # P01000007282

1. Entity Name

DESIGN BUILDERS OF S.W. FLORIDA, INC.

Principal Place of Business

Mailing Address

4810 ST. CROIX LANE
APT. 1038
NAPLES FL 34109

4810 ST. CROIX LANE
APT. 1038
NAPLES FL 34109

2. Principal Place of Business

1061 Collier Center way

3. Mailing Address

1061 Collier Center way

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

Suite 7

City & State

Naples, FL

City & State

Naples, FL

Zip

34110

Country

Collier

Zip

34110

Country

Collier

4. FEI Number

52-229-5335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILKERSON, DONNA L

4810 ST. CROIX LANE 588 111th AVE N
APT. 1038 NAPLES
NAPLES FL 34109 FL 34108

7. Name and Address of New Registered Agent

Name

wilkerson, Donna L.

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

588 111th Ave. N.

City

Naples

FL

Zip Code

34108

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 *Randy Wilkerson* *Donna L Wilkerson* **1-14-02**
 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE
TRANDY WILKERSON, PRESIDENT **DONNA L WILKERSON, SECT. TREAS.**

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	President <input type="checkbox"/> Delete
NAME	Randy Wilkerson
STREET ADDRESS	588 111th Ave. N.
CITY-ST-ZIP	Naples, FL 34108
TITLE	Secretary / Treasurer <input type="checkbox"/> Delete
NAME	Donna L. Wilkerson
STREET ADDRESS	588 111th Ave. N.
CITY-ST-ZIP	Naples, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Donna L Wilkerson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 **941-254 0600**
 Date Daytime Phone #

CR2E034 (9/01)