

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90113 005 \*\*\*150.00

**DOCUMENT # P01000013503**

**1. Entity Name**  
**DELISLE CONTRACTING & REMODELING, INC.**



**Principal Place of Business**  
**551 LINDLEY TERRACE**  
**PORT CHARLOTTE FL 33948**

**Mailing Address**  
**551 LINDLEY TERRACE**  
**PORT CHARLOTTE FL 33948**

**2. Principal Place of Business**

**7055 KENWOOD DR**

**3. Mailing Address**

**7055 KENWOOD DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**NORTH PORT FL**

**City & State**

**NORTH PORT FL**

**Zip**

**34287**

**Country**

**USA**

**Zip**

**34287**

**Country**

**US**

**4. FEI Number**

**65-1085504**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DELISLE, WILLIAM F**  
**7055 KENWOOD DRIVE**  
**NORTH PORT FL 34287**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *William F. Delisle*

**2/10/03**

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **DELISLE, WILLIAM F**  
**STREET ADDRESS** **7055 KENWOOD DRIVE**  
**CITY-ST-ZIP** **NORTH PORT FL 34287**

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*William F. Delisle* **REQUIRED**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (10/02)