

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90110 034 \*\*\*150.00

**DOCUMENT # P01000027270**

**1. Entity Name**  
**DEMOLITION & ESTATE SALES SPECIALISTS, INC.**



**Principal Place of Business**  
**901 PROGRESSO DRIVE SUITE L-8**  
**FORT LAUDERDALE FL 33304**

**Mailing Address**  
**901 PROGRESSO DRIVE SUITE L-8**  
**FORT LAUDERDALE FL 33304**

**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 65-1113963**

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**

**HOLLANDER, BRUCE PA**  
**901 S STATE ROAD 7**  
**PENTHOUSE C**  
**HOLLYWOOD FL 33023**

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

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	JOHNSON, ELIZABETH	
STREET ADDRESS	901 PROGRESSO DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLEMENS, SHERRY SUE	
STREET ADDRESS	2543 OKEECHOBEE LN	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SNIDER, JUANITA	
STREET ADDRESS	901 PROGRESSO DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAHABEDIAN, BENJAMIN	
STREET ADDRESS	901 PROGRESSO DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
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"/> 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		

**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:**

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

Date

Daytime Phone #

CR2E034 (10/02)