

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90139 010 ***150.00

PR44019 AT

DOCUMENT # P01000058958

1. Entity Name
DBC CONSTRUCTION, INC.



Principal Place of Business
**717 PELICAN COURT
KISSIMMEE FL 34759**

Mailing Address
**717 PELICAN COURT
KISSIMMEE FL 34759**



2. Principal Place of Business

3. Mailing Address
3600 Michigan Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
St. Cloud, Fla.

4. FEI Number **59-3728955**

Applied For
Not Applicable

Zip

Country

Zip
34769

Country
USA

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

**CREWS, DANIEL
717 PELICAN COURT
KISSIMMEE FL 34759**

Name **Daniel Crews**
Street Address (P.O. Box Number is Not Acceptable)
3600 Michigan Ave.
City **St. Cloud** FL Zip Code **34769**

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 **Daniel B. Crews**

4-14-03

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CREWS, DANIEL**
STREET ADDRESS **717 PELICAN COURT**
CITY-ST-ZIP **KISSIMMEE FL 34759**

TITLE ☐ Change ☐ Addition
NAME **Daniel Crews**
STREET ADDRESS **3600 Michigan Ave.**
CITY-ST-ZIP **St. Cloud, FL 34769**

TITLE **VD** ☐ Delete
NAME **CREWS, CHRISTINE**
STREET ADDRESS **717 PELICAN COURT**
CITY-ST-ZIP **KISSIMMEE FL 34759**

TITLE ☐ Change ☐ Addition
NAME **Christine Crews**
STREET ADDRESS **3600 Michigan Ave.**
CITY-ST-ZIP **St. Cloud, FL 34769**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Daniel B. Crews

4-4-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)