

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90240 025 ***150.00

DOCUMENT # P01000120143

1. Entity Name
DEFLAVIS CONSTRUCTION, INC.



Principal Place of Business
**3100 NORTH RD. #172
NAPLES FL 34104**

Mailing Address
**P.O. BOX 7041
NAPLES FL 34101**

2. Principal Place of Business

1873 52nd St. SW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples FL

City & State

4. FEI Number
01-0558347

Applied For
Not Applicable

Zip
34116 Country
USA

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DEFLAVIS, RONALD J
3100 NORTH RD, #172
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name **Ronald J. DeFlavis**
Street Address (P.O. Box Number is Not Acceptable) **1873 52nd St. SW**
City **Naples FL 34116**

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 **Ronald J. DeFlavis**
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

TITLE	P	<input type="checkbox"/> Delete
NAME	DEFLAVIS, RONALD J	
STREET ADDRESS	3100 NORTH RD, #172	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	S	<input type="checkbox"/> Delete
NAME	TROXEL, KAREN L	
STREET ADDRESS	3100 NORTH RD, #172	
CITY-ST-ZIP	NAPLES FL 34104	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P. Ron DeFlavis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1873 52nd St. SW.	
STREET ADDRESS	Naples FL 34116	
CITY-ST-ZIP	Naples FL 34116	
TITLE	S Karen Troxel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1873 52nd St SW	
STREET ADDRESS	Naples, FL. 34116	
CITY-ST-ZIP	Naples, FL. 34116	
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: **Ronald J. DeFlavis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

Daytime Phone #

CR2E034 (10/02)