

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

**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90038 030 \*\*\*150.00

0136753 AT

**DOCUMENT # P02000013732**

1. Entity Name

**TRUE'S CONSTRUCTION & INSPECTION SERVICES, INC.**



Principal Place of Business  
**310 WILLOW OAK COURT  
FT MEADE FL 33841**

Mailing Address  
**310 WILLOW OAK COURT  
FT MEADE FL 33841**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**37-1416505**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 -

**DUNLAP, GEORGE T III ESQ  
BOSWELL & DUNLAP LLP  
245 SOUTH CENTRAL AVE  
BARTOW FL 33830**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
TRUE, DONALD R  
310 WILLOW OAK COURT  
FT MEADE FL 33841** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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:**

**SIGNATURE REQUIRED**

**DONALD R. TRUE 7-14-03**

**863-698-0927**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

*Attachment*

**True's Construction & Inspection  
Services, Inc.**

State Certified Residential Contractor CRC-023377

**DONNIE TRUE BN-0001505**

**State Certified Inspectors**

**GREGG LAMB BN-0003302**

*90143321*

*#P02000013732*

July 14, 2003

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302

To Whom It May Concern:

I am asking that the \$400.00 penalty be waived on my Uniform Business Report. I did not receive any notice that this money is due. I am a small business just starting out and cannot afford this type of penalty. I will log in on my calendar when this payment is due in the future. Please consider this request.

Thanks for your consideration.

Sincerely,

*Donnie True*  
Donnie True