

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90205 049 ***150.00

DOCUMENT # P02000019997

1. Entity Name
DIVERSIFIED CONSTRUCTION SERVICES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
4867 ESPLANADE ST.
BONITA SPRINGS FL 34134

Mailing Address
4867 ESPLANADE ST.
BONITA SPRINGS FL 34134



2. Principal Place of Business
3876 Bonita Beach Rd., #9
Suite, Apt. #, etc.

3. Mailing Address
3876 Bonita Beach Rd.
Suite, Apt. #, etc.
#9

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip
34134

Zip
34134

Country
US

Country
US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
03-0396948

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DAVIS, MICHAEL J
4867 ESPLANADE ST.
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent
Name: Davis, Michael J.
Street Address (P.O. Box Number is Not Acceptable):
3876 Bonita Beach Rd., #9
City: Bonita Springs FL Zip Code: 34134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both on the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (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 NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, MICHAEL J 4867 ESPLANADE ST. BONITA SPRINGS FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

DATE 2/15/03 (239) 948-2661 **Daytime Phone #**

CR2E034 (10/02)