2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000034620

Entity Name: DOUBLE "E" RESIDENTIAL SPECIALIST, INC.

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
	HORE DRIVE	or Busiliess.		New Fillici	pai riace of L	Jusiliess.		
Current Mailing Address:				New Mailing Address:				
1305 BAYS NICEVILLE	HORE DRIVE , FL 32578							
FEI Number:	90-0055754	FEI Number Applied For ()	FEI Num	ber Not Appli	cable()	Certificate of Status I	Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
LARSH, DAWN E 36468 EMERALD COAST PARKWAY SUITE 2101 DESTIN, FL 32541 US				JONES, KATHY A 1305 BAYSHORE DR. NICEVILLE, FL 32578 US				
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.								
SIGNATURE: KATHY JONES				04/30/2003				
	Electroni	c Signature of Registered Agent	•			Date		
	paign Financing AND DIRECT	Trust Fund Contribution ().		ADDITION	S/CHANGES 1	TO OFFICERS AN	D DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () I JONES, ELMER 1305 BAYSHOR NICEVILLE, FL	E DRIVE		Title: Name: Address: City-St-Zip:	() (Change () Addition		
Title: Name: Address: City-St-Zip:	D () I JONES, KATHY A 1305 BAYSHOR NICEVILLE, FL	E DRIVE		Title: Name: Address: City-St-Zip:	O (X) FENDLEY, MATT 114 REDWOOD NICEVILLE, FL	AVE #27		
Title: Name: Address: City-St-Zip:	()!	Delete		Title: Name: Address: City-St-Zip:	RUEGAMER, DA 231 THOMAS CT			
Title: Name: Address: City-St-Zip:	()!	Delete		Title: Name: Address: City-St-Zip:	D () O JONES, KATHY A 1305 BAYSHORI NICEVILLE, FL	E DR.		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () O JONES, ELMER 1305 BAYSHORI NICEVILLE, FL	E DR.		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	O () C SEGERSON, JAS PO BOX 6086 MIRMAR BEACH			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY JONES D 04/30/2003