2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P02000067287

1. Entity Name DBI BUILDERS, INC.

Principal Place of Business

7546 HAZELWOOD CIRCLE

LAKE WORTH FL 33467



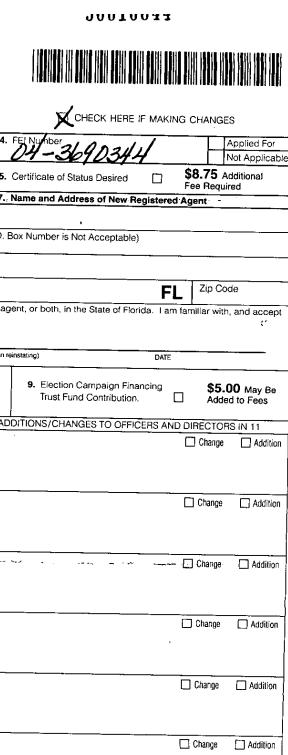
Mailing Address 7546 HAZELWOOD CIRCLE

LAKE WORTH FL 33467

Mailing Address

FILED	
Jan 16, 2003 8:00 a	m
Secretary of State	

01-16-2003 90046 013 ***150.00



Suite, Apt. #, etc. City & State Not Applicable Zip Country 5. Certificate of Status Desired Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALLEE, JOANN Street Address (P.O. Box Number is Not Acceptable) **661 HWY 78 WEST OKEECHOBEE FL 34974** City 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NAME BRAMER, DEAN NAME STREET ADDRESS 7546 HAZELWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME BRAMER, DOUGLAS NAME STREET ADDRESS 6456 SO ADDERLEY CAY TERRACE STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZIP TITLE ST ☐ Delete TITLE NAME VALLEE, JOANN NAME STREET ADDRESS **661 HWY 78 WEST** STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE: