

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90155 031 \*\*\*550.00

0630210 AT

**DOCUMENT # P02000069346**

1. Entity Name  
**NO NAME CONSTRUCTION, INC.**



Principal Place of Business  
**1999 CROWDER RD.  
DEFUNIAK SPRINGS FL 32433**

Mailing Address  
**1999 CROWDER RD.  
DEFUNIAK SPRINGS FL 32433**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 833**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Defuniak Springs, FL**

4. FEI Number

**03-0474522**

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

**32435**

**USA**

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

**DAVIS, MARK D  
694 BALDWIN AVE., SUITE 1  
DEFUNIAK SPRINGS FL 32435**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRYAN, DOUGLAS W</b> <b>1999 CROWDER RD.</b> <b>DEFUNIAK SPRINGS FL 32433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LLOYD, RICHARD W III</b> <b>28 JACQLYN ST.</b> <b>DEFUNIAK SPRINGS FL 32433</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STUBBS, JAMES A</b> <b>1066 OLD JOLLY BAY RD.</b> <b>FREEPORT FL 32439</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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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"/> Change <input type="checkbox"/> 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**850-859-0403**

Daytime Phone #

CR2E034 (10/02)