

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90067 036 \*\*\*150.00

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AV

**DOCUMENT # P02000083222**

**1. Entity Name**  
**DESIGNERS & BUILDERS SOURCE, INC.**



**Principal Place of Business**  
**365 BLANDING BLVD**  
**ORANGE PARK FL 32073**

**Mailing Address**  
**365 BLANDING BLVD**  
**ORANGE PARK FL 32073**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**48-1277843**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LEPRELL, SAMUEL L**  
**1930 SAN MARCO BLVD**  
**STE 201 ST MARKS PLACE**  
**JACKSONVILLE FL 32207**

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**  
**D**  
**MODLING, A. CALVIN**  
**365 BLANDING BLVD**  
**ORANGE PARK FL 32073**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (4/03)

WILLIAM S. MYERS

Attachment

80134764

CERTIFIED PUBLIC ACCOUNTANT

July 24, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: ~~Designers & Builders Source, Inc.~~  
Doc# P02000083222  
Id# 48-1277843

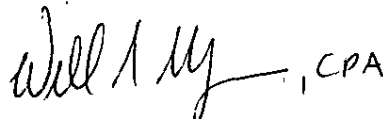
To Whom It May Concern:

We are writing this letter in response to you recorded phone instruction. Please be advised that that Designers & Builders Source, Inc. never received a first notice regarding the Annual Uniform Business Report.

We respectfully request waiver of the \$400.00 late fee. We are enclosing a check for the original \$150.00 fee along with your second notice.

Thank you in advance for your cooperation with this matter. If you should have any questions please do not hesitate to call us at (904) 215-8320.

Sincerely,

 , CPA

William S. Myers  
Certified Public Accountant