

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/12/2003-90091-034-\$550.00-\$550.00

011188 AV

DOCUMENT # P02000083311

1. Entity Name
BARRY DELAGRANGE CONSTRUCTION INC.



FILED

03 SEP 25 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4296 LUAWANA DR.
SARASOTA FL 34241

Mailing Address
4296 LUAWANA DR.
SARASOTA FL 34241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FSI Number

450484822

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

D&S CARPENTRY INC.
4296 LUAWANA DR.
SARASOTA FL 34241

Name ANN Brightman
Street Address (P.O. Box Number is Not Acceptable)
1071 Manna Loa
City Sarasota FL Zip Code 34241

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 ANN Brightman

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	P	<input type="checkbox"/> Delete
NAME	DELAGRANGE, BARRY	
STREET ADDRESS	4296 LUAWANA DR.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DELAGRANGE, LAURAN D	
STREET ADDRESS	4296 LUAWANA DR.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REDACTED

9/1/03

941-378-3141

Date

Daytime Phone #

CR2E034 (4/03)