

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90191 002 ***150.00

DOCUMENT # P02000105532

1. Entity Name
PBDH CONSTRUCTORS, INC.



Principal Place of Business Mailing Address
379 NW 101 TERRACE 379 NW 101 TERRACE
CORAL SPRINGS FL 33071-6830 CORAL SPRINGS FL 33071-6830

2. Principal Place of Business 3. Mailing Address
379 NW 101 Terr Same
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Coral Springs, FL Same
Zip Country Zip Country
33071 Broward Same Same

4. FEI Number Applied For
36-4504213 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOPPLE, DAVID
379 NW 101 TERRACE
CORAL SPRINGS FL 33071-6830

7. Name and Address of New Registered Agent

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 *David Hopple*
Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/03
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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOPPLE, DAVID ☐ Delete
STREET ADDRESS 379 NW 101 TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33071-6830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *David Hopple* - Pres 1/11/03 954 255 2393
SIGNATURE AND TYPED OR PRINTED NAME OF SINGING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)