

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0019496 AV

DOCUMENT # P02000123706

1. Entity Name
DMM BUILDERS, INC.



FILED

03 SEP 22 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~141 MARINER BCH LANE~~
~~VERO BCH FL 32963~~

Mailing Address

~~141 MARINER BCH LANE~~
~~VERO BCH FL 32963~~

2. Principal Place of Business

1358 W. ISLAND

Suite, Apt. #, etc.

CLUB SQ

3. Mailing Address

1358 W. ISLAND

Suite, Apt. #, etc.

CLUB SQ

REINSTATEMENT

03

☒ CHECK HERE IF MAKING CHANGES

City & State

VERO BEACH, FL

Zip

32963

Country

USA

City & State

VERO BEACH, FL

Zip

32963

Country

USA

4. FFI Number

11-3669418

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOCK, SAMUEL A
979 BEACHLAND BLVD.
VERO BCH FL 32963

7. Name and Address of New Registered Agent

Name

DENNIS M. MURPHY

Street Address (P.O. Box Number is Not Acceptable)

1358 W. ISLAND CLUB SQ.

City

VERO BEACH

FL

Zip Code

32963

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 fee 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

TITLE PSTD
NAME MURPHY, DENNIS M
STREET ADDRESS 141 MARINER BCH LANE 1358 W. ISLAND
CITY-ST-ZIP VERO BCH FL 32963 CLUB SQ.

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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

9/10/03

Date

772 321 3604

Daytime Phone #

CR2E034 (4/03)