

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P93000012118* ✓

1. Entity Name

*DFI Construction Inc.*

**FILED  
May 13, 2002 8:00 am  
Secretary of State**

05-13-2002 90150 005 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*9404 Norwood Dr.*  
Suite, Apt. #, etc.

3. Mailing Address  
*Po Box 1515*  
Suite, Apt. #, etc.

City & State  
*Tampa FL*  
Zip  
*33624*

City & State  
*Land o'Lakes FL*  
Zip  
*34639*

4. FEI Number  
*59-3162818*

Applied For  
Not Applicable

Country  
*Hillsborough*

Country  
*FLA*

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

7. Name and Address of Current Registered Agent

Name  
*Royce McAnally*  
Street Address (PO Box Number is Not Acceptable)  
*13736 Judy Dr.*  
City  
*Hudson* FL Zip Code  
*34667*

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.

SIGNATURE

*Glenda Tipton*

Signature, typed or printed name of registered agent and title if applicable.

DATE

*4-25-02*

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Glenda Tipton - President</i> <i>7404 Islander Lane</i> <i>Hudson, FL 34667</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Royce McAnally - Vice President</i> <i>13736 Judy Dr</i> <i>Hudson, FL 34667</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Gary Tipton - Secretary</i> <i>7404 Islander Ln</i> <i>Hudson, FL 34667</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Glenda Tipton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-25-02*

Date

Daytime Phone #

CR2E034B (12/01)