2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P94000000442

**DOCUMENT#** 

2. Principal Place of Business

4348 Gust Suite, Apt. #, etc.

EVANS, DAVID E

**6117 NORTH ENCLAVE DRIVE** PENSACOLA FL 32504

Pensacola Florida

ESCAMbia

6. Name and Address of Current Registered Agent

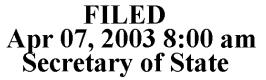
1. Entity Name D.E. EVANS BUILDERS, INC.	1/	
Principal Place of Business	Mailing Address	
6117 NORTH ENCLAVE DRIVE '	P O BOX 30364	
ESCAMBIA FL 32504	PENSACOLA BEACH FL 32503	

3. Mailing Address

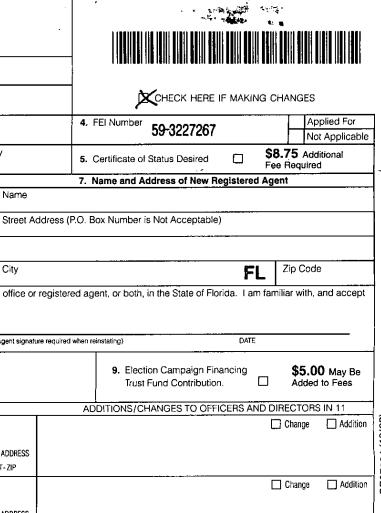
City & State

Zip

Suite, Apt. #, etc.



04-07-2003 90731 009 \*\*\*150.00



			City		FL	Zip Code	9
8. The above named entited the obligations of regists	y submits this statement for the purple agent.	oose of changing its re	gistered office or re	egistered agent, or both, in the State of Florida	. I am fam	iliar with, a	and accept
SIGNATURE	or sunted name of registered agent and title if ap-	plicable. (NOTE: R	Registered Agent signature	e required when reinstating)	DATE		
After May 1, 206	FEE IS \$150.00 13 Fee will be \$550.00 5 Florida Department of State			9. Election Campaign Financi Trust Fund Contribution.	ing	<b>\$5.0</b> ( Added	May Be to Fees
10.	OFFICERS AND DIRECTO	ORS	11.	ADDITIONS/CHANGES TO OFFICER	RS AND DI	RECTORS	IN 11
	AVID E. ITH ENCLAVE DRIVE ILA FL 32504	☐ Delete	NAME STREET ADDRESS CHTY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE		Delete	NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>	. [	Change-	- ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1ITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
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Country

Name

nereby 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:

850-433-1984