

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036342

1. Entity Name

DIVERSIFIED REMODELING & CONSTRUCTION, INC.

FILED
Jul 27, 2001 8:00 am
Secretary of State

07-27-2001 90001 039 ***550.00

Principal Place of Business
11250 OLD ST AUGUSTINE ROAD
15-361
JACKSONVILLE FL 32258

Mailing Address
11250 OLD ST AUGUSTINE ROAD
15-361
JACKSONVILLE FL 32258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2113044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

AMMONS, PAM
11250 OLD ST AUGUSTINE RD
#15-361
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name Jody Ammons

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

11250 OLD ST. Augustine RD #15-361

City Jacksonville

FL

Zip Code 32258

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 Jody M. Ammons Vice President Jody M. Ammons
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 VSD
NAME AMMONS, JODY ☐ Delete
STREET ADDRESS 11578 ALEXIS FORREST DR.
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE P
NAME AMMONS, PAM ☒ Delete
STREET ADDRESS 11578 ALEXIS FOREST DR.
CITY-ST-ZIP JACKSONVILLE FL 32258

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jody M. Ammons Jody M. Ammons 7/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0811084

CR2E034 (10/00)