

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90027 010 ***158.75

DOCUMENT # P94000057793

1. Entity Name
DWM BUILDERS, INC.

Principal Place of Business

12853 SE 36TH AVE
 BELLEVUE FL 34420-4903
 US

Mailing Address

12853 SE 36TH AVE
 BELLEVUE FL 34420-4903
 US

2. Principal Place of Business

6202 S.E. 126TH LN

3. Mailing Address

6202 S.E. 126TH LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BELLEVUE, FL.

City & State

BELLEVUE, FL.

4. FEI Number

59-3260849

Applied For

Not Applicable

Zip

34420

Country

MARION

Zip

34420

Country

MARION

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHIS, DENNIS W
 9420 SE 7TH AVENUE ROAD
 Ocala FL 34480

Name MATHIS, DENNIS W.

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

6202 SE 126TH LN

City

BELLEVUE

FL

Zip 34420

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MATHIS, DENNIS W |
| STREET ADDRESS | 9420 SE 7TH AVENUE ROAD |
| CITY-ST-ZIP | OCALA FL 34480 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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| 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:

Dennis W. Mathis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01
 Date

(352) 266-2843
 Daytime Phone #

CR2E034 (10/00)