

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

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AV

05-05-2003 92195 022 ***158.75

DOCUMENT # P95000002740

1. Entity Name
BUILDERS CONSULTING & DESIGN CORP.



Principal Place of Business
**11036 SPRING HILL DR.
SPRING HILL FL 34608**

Mailing Address
**11036 SPRING HILL DR.
SPRING HILL FL 34608**

2. Principal Place of Business
same

3. Mailing Address
same

Suite, Apt. #, etc.
Suite 26

Suite, Apt. #, etc.
Suite 26

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3288277**

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DEMARIA, JAMES W
15641 DONZIE DR
HUDSON FL 34667**

7. Name and Address of New Registered Agent

Name
Richard A. Fale
Street Address (P.O. Box Number is Not Acceptable)
3535 Portillo Road, Apt. #19
City
Spring Hill FL Zip Code
34608

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

4/29/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEES \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME
DEMARIA, JAMES W
STREET ADDRESS
11036 SPRING HILL DR.
CITY-ST-ZIP
SPRING HILL FL 34608

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME
Michael DeMaria
STREET ADDRESS
3582 Dow Lane
CITY-ST-ZIP
Spring Hill, FL 34609

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 person or other person 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

Date

Daytime Phone #

CR2E034 (10/02)