

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086456

1. Entity Name

DIVERSIFIED BUILDERS OF BREVARD, INC.

Principal Place of Business

3445 COQUINA TERRACE  
MALABAR FL 32950

Mailing Address

881 RIVIERA DR NE  
PALM BAY FL 32905

2. Principal Place of Business

3. Mailing Address

3445 COQUINA TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MALABAR FL

Zip

Country

32950

Country

4. FEI Number

59-3348181

Applied For

Not Applicable

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

ROWLAND, MARTINA  
881 RIVIERA DR NE  
PALM BAY FL 32905

New address

MARTINA ROWLAND

3445 COQUINA TERRACE

MALABAR

FL

32950

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]*

MARTINA A. ROWLAND V.P.

1/4/01

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	P	<input type="checkbox"/> Delete
NAME	ROWLAND, CHARLES M	
STREET ADDRESS	881 RIVIERA DR NE 3445 COQUINA TERR	
CITY-ST-ZIP	PALM BAY FL 32905 MALABAR FL 32950	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROWLAND, MARTINA A	
STREET ADDRESS	881 RIVIERA DR NE 3445 COQUINA TERR	
CITY-ST-ZIP	PALM BAY FL 32905 MALABAR FL 32950	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/4/01 327289050



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)