## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P95000086456

1. Entity Name



FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90476 007 \*\*\*150.00

DIVERSIFIED BUILDERS OF BREVARD, INC.											
Principal Plac 3445 COQUIN MALABAR FL		3445	Mailing Address 3445 COQUINA TERRACE MALABAR FL 32950								
2. Principal P	Place of Business	3. Mailing Address					T 1882/1883 178 78281 82112 83121 88211 88121 8				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-3348181	Number 59-3348181 Applied For Not Applicable			
Zip Country			Zip Country			!	5. Certificate of Status Desired	\$8.75 Fee Req	Additional	340.0	
	6. Name and Address of Current	Registere	ed Agent			<del></del>	7. Name and Address of New Register	ed Agent			
					Name		The second of th				
ROWLAND, MARTINA			Street Ad			dress (P.C	s (P.O. Box Number is Not Acceptable)				
3445 COQUINA TERRACE			_			Officer Address (1.0. Box Hamber is Not Acceptable)					
MALABAR	FL 32950									1	
					City			Zip (	Code		
						,	<u>-</u>		'tte e e e e e e e		
<ol> <li>the above</li> </ol>	named entity submits this statement to ions of registered age at.	or the purp	ose of changing its re	egistere	ea office or r	egisterea	agent, or both, in the State of Florida. 1	ım tamıllar w	itn, and act	cept	
							4/12	/2		}	
SIGNATURE.	Signature, typed or printed name of registered agent	and title it app	licable (NOTE: I	Registere	d Agent signatur	e required wh	pen reinstating) DA	/ <b>05</b>		-	
			,,,,,,								
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State					Election Campaign Financing     Trust Fund Contribution.		5.00 May ided to Fee		
10.	OFFICERS AND		I	11.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 11		
TITLE			☐ Delete	Delete TITLE			·	☐ Chan		dition 8	
NAME	ROWLAND, CHARLES M			NAM	E					Idition   8	
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CITY-ST-ZIP	MALABAR FL 32950				-ST-ZIP		,			— ≂	
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12. Thereby o	certify that the information supplied with	this filing	does not qualify for th	ne exer	nption state	d in Section	ion 119.07(3)(i), Florida Statutes. I further	certify that the	ne informati	ion	

or the exemption state in increase in supplied with this mining does not qualify on the exemption state 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:**