2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000098828 DOCUMENT

1. Entity Name

D. E. BLANCO CONSTRUCTION, INC.

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FILED Feb 27, 2003 8:00 am § Secretary of State 02-27-2003 90167 005 ***150.00

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Principal Plac 6203 S. MCINT		Mailing Address 6203 S. MCINTOS	Mailing Address 6203 S. MCINTOSH RD.							
SARASOTA FL		· ·	SARASOTA FL 34238							
US		US								
Principal Place of Business Addres			ess				} 		[11] [1] 4[]	
Suite, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State	9	City & State	City & State		4. FEI Nu	4. FEI Number 65-0723417			oplied For ot Applicable	
Zip	Country	Zip	Coun	try	5. Certific	cate of Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent			* ÷∼		7. Name	and Address of New R	egistered Ag	ent		
				Name		•			ļ	
BLANCO, DOUGLAS E				Street Address (P.O. Box Number is Not Acceptable)						
	POINTE WAY									
SARASOTA FL 34233										
•				City	FL Zip Code					
	named entity submits this stateme ions of registered agent.	ent for the purpose of char	nging its registere	ed office or regis	tered agent, or	r both, in the State of Flo	orida. I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registere	d Agent signature requ	ired when reinstating	<u> </u>	DATE			
F	ILE NOW!!! FEE IS \$150.00	,				Election Comments of Election		AF A		
Afte	May 1, 2003 Fee will be \$550	0.00			9.	 Election Campaign Fir Trust Fund Contributio 	~ —		May Be to Fees	
Make Check	Repartme									
10		AND DIRECTORS	11.		ADDITIC	NS/CHANGES TO OFF			S IN 11	
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STREET ADDRESS				ET ADDRESS					-	
CITY-ST-ZIP CITY 12. I hereby certify that the information supplied with this filing does not qualify for the exe			-ST-ZIP	A						
 12. I hereby of 	certify that the information supplied	I with this filing does not a	uality for the exe	motion stated in	Section 119.0	/(3)(i). Florida Statutes.	i turther certif	v tnat the ir	ntormation	

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: