

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103146

1. Entity Name

DH & P CONSTRUCTION, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90003 020 \*\*\*150.00

Principal Place of Business

16140 E. CORNWALL DR.  
LOXAHATCHEE FL 33470

Mailing Address

16140 E. CORNWALL DR.  
LOXAHATCHEE FL 33411-4419

2. Principal Place of Business

10276 Fox Trail Rd So.  
Suite, Apt. #, etc.  
APT 106

3. Mailing Address

10276 Fox Trail Rd So.  
Suite, Apt. #, etc.  
APT 106

City & State  
Royal Palm Bch. Fla.

City & State  
Royal Palm Bch Fla 33411

Zip  
33411

Country  
USA

Zip  
33411

Country  
Palm Bch.

4. FEI Number 65-0717714

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

MARTIN, DONALD H  
16140 E. CORNWALL DR.  
LOXAHATCHEE FL 33470

10276 Fox Trail Rd So.  
Royal Palm Bch Fla  
33411

Name

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

City

FL

Zip Code

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

Donald H. Martin

(NOTE: Registered Agent signature required when reinstating)

4/15/00

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, 2000 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 ☐ Delete  
NAME MARTIN, DONALD H  
STREET ADDRESS 16140 E. CORNWALL DR.  
CITY-ST-ZIP Loxahatchee FL 33470

TITLE D ☐ Delete  
NAME MARTIN, PATRICIA E  
STREET ADDRESS 16140 E. CORNWALL DR.  
CITY-ST-ZIP Loxahatchee FL 33470

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Donald H. Martin

Date

Daytime Phone #

4/15/00

561-7186414

CR2E034 (9/99)