

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90050 035 ***150.00

DOCUMENT # P96000103146

1. Entity Name
DH & P CONSTRUCTION, INC.

Principal Place of Business
**10276 FOX TRAIL RD S.
 APT 106
 ROYAL PALM BEACH FL 33411
 US**

Mailing Address
**10276 FOX TRAIL RD S.
 APT 106
 ROYAL PALM BEACH FL 33411
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0717714**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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
 10276 FOX TRAIL RD S APT 106
 ROYAL PALM BCH FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **10276 FOX TRAIL RD S 106**
 CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

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

TITLE **D** ☐ Delete
 NAME **MARTIN, PATRICIA E**
 STREET ADDRESS **10276 FOX TRAIL RD S 106**
 CITY-ST-ZIP **ROYAL PALM BCH. FL 33411**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
R# P9600103146
B0135971

9/2/02

From Don Martin
D.H. & P Constancy

I TALKED TO SOMEONE AT
YOUR DPT. I DID NOT RECEIVE
A FIRST NOTICE FOR FILING,
I HAVE ALWAYS PAID MY FEES
ON THE FIRST NOTICE WITHOUT FAIL
PLEASE ACCEPT THIS FEE - AS FIRST
FILING.

THANK YOU

