

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

Amend

DOCUMENT # **990000103146**

1. Entity Name

**D.H.&P. CONSTRUCTION**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 21 PM 2:53

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**67 CANNON CT**

3. Mailing Address  
**67 CANNON CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**VENUS, FL.**

City & State  
**VENUS, FL.**

Zip  
**33960**

Country  
**U.S.A.**

Zip  
**33960**

Country  
**U.S.A.**

4. FEI Number  
**650717714**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
**DONALD MARTIN**

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

**67 CANNON CT**

City  
**VENUS**

FL Zip Code  
**33960**

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DONALD H. MARTIN, PRESIDENT  
67 CANNON CT.  
VENUS FL. 33960**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. 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 617, Florida Statutes; and that my name appears in Block 10 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 #

CR2E037B (12/02)