## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000016619

## DINSMORE CONSTRUCTION, INC.

6. Name and Address of Current Registered Agent				
Zip	Country	Zip	Country	
City & State	City & State	City & State		
Principal Place of Business     Suite, Apt. #, etc.		Suite, Apt. #, etc	·.	
		3. Mailing Address		
	,	9514 SIDNEY ROAD PENSACOLA FL 3250	07-9214	
Principal Place of Business		Mailing Address		

## **FILED** Mar 02, 2000 8:00 am Secretary of State 03-02-2000 90118 041 \*\*\*150.00



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Suite, Apt. #, etc.  City & State  Zip Country		Suite, Apt. #, etc.	Suite, Apt. #, etc.  City & State		DO NOT WRITE IN THIS SPACE					
		City & State			4. FEI Number 59-3415438			Applied For		
					39734 13436			Not Applicable		
		Zip	Country	5. Certificate of Status Desired			\$8.75 Fee Re		Additional juired	
	6. Name and Address of Current	Registered Agent		7. l	lame and Address	of New Register	ed Agent			
			· Name							
DINSMORE, TOMAS 9514 SIDNEY ROAD PENSACOLA FL 32507			Street Address (P.O. Box Number is Not Acceptable)							
			City	City FL Zip C					Code	
8 The above	named entity submits this statement for	or the purpose of changing its	registered office or	registered ag	ent, or both, in the St	tate of Florida.				
SIGNATURE	Signature, typed or printed name of registered agent		E: Registered Agent signatu			DAT	E	·- <u>-</u>		
Tax filing requirement and elects to do so. After MAY			!! FEE IS \$150.0 00 Fee will be \$5 le to Department	50.00 of State	10. Election Cam Trust Fund Co	ontribution.		\$5.00 Added to	Fees	
11.	OFFICERS AND	DIRECTORS	12.	AE	DITIONS/CHANGES	TO OFFICERS A	ND DIREC	TORS I	N 11	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P DINSMORE, TOMAS 9514 SIDNEY ROAD PENSACOLA FL 32507	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	ange (	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-2IP	Aaron 14625	President L. Estes Innerari cola, FL	ty Point	□ Cha	ange (	XAddition	
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP	· -	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Grego 4751	urer/Secr ry A. McN Renee Ter cola, FL	etary ew race	☐ Cha	ange	<b>X</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	ange (	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Cha	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		☐ Cha	ange (	Addition	
indicated	certify that the information supplied wit lon this report or supplemental report togration or the receiver or trustee emo	is true and accurate and that n	ny signature shall h	ave the same	legal effect as if mad	le under oath; tha	it I am an o	fficer or	director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR