

## 2003 UNIFORM BUSINESS REPORT (UBR)

2003 UI

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90292 049 \*\*\*158.75

DOCUMENT # *P98000073960*

1. Entity Name  
 D & P HOME IMPROVEMENT, INC.

Principal Place of Business  
 52 PECAN RUN COURSE  
 OCALA, FL  
 34472

Mailing Address  
 50 PECAN RUN COURSE  
 OCALA, FL 34472

90066751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

Applied For

65-0748615

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

BARBARA FOUST, CPA  
 3401 N.W. 202ND STREET  
 OPA LOCKA, FLORIDA 33056-1722

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. (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 \$150.00**  
**After MAY 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00  
 Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Delete  
 NAME ROBERT DESIMONE II.  
 STREET ADDRESS 50 PECAN RUN COURSE  
 CITY - ST - ZIP OCALA, FLORIDA 34472

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert Desimone II.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT DESIMONE II. - PRE

3/25/2003

Date

Daytime Phone #

CR2E034 (9/99)