

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000082164

FILED  
Mar 11, 2002 8:00 AM  
Secretary of State

Entity Name: DEMING & DEMING CONSTRUCTION, INC.

**Current Principal Place of Business:**

2020 MISSION VALLEY BLVD.  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

2020 MISSION VALLEY BLVD.  
NOKOMIS, FL 34275

**New Mailing Address:**

FEI Number: 65-0865743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HINES, CHARLES D ESQ.  
1001 AVENIDA DEL CIRCO  
VENICE, FL 34285 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEMING, MICHAEL D  
Address: 2020 MISSION VALLEY BLVD.  
City-St-Zip: NOKOMIS, FL 34275

Title: VD ( ) Delete  
Name: DEMING, WAYNE G  
Address: 940 PINTO CIR.  
City-St-Zip: NOKOMIS, FL 34275

Title: SD ( ) Delete  
Name: DEMING, KAY A  
Address: 940 PINTO CIR.  
City-St-Zip: NOKOMIS, FL 34275

Title: TD ( ) Delete  
Name: DEMING, WENDY J  
Address: 2020 MISSION VALLEY BLVD.  
City-St-Zip: NOKOMIS, FL 34275

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. DEMING

PD

03/11/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date