

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90173 006 \*\*\*150.00

0566084 AV

**DOCUMENT # P98000082164**

1. Entity Name  
**DEMING & DEMING CONSTRUCTION, INC.**



Principal Place of Business  
**2020 MISSION VALLEY BLVD.  
NOKOMIS FL 34275**

Mailing Address  
**2020 MISSION VALLEY BLVD.  
NOKOMIS FL 34275**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0865743** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Wendy J. Deming**

Street Address (P.O. Box Number is Not Acceptable)  
**601 Tamiami Trail South**

City **Venice** FL Zip Code **34285**

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 Wendy J. Deming DATE 4/2/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEMING, MICHAEL D	
STREET ADDRESS	2020 MISSION VALLEY BLVD.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEMING, WAYNE G	
STREET ADDRESS	940 PINTO CIR.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEMING, KAY A	
STREET ADDRESS	940 PINTO CIR.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEMING, WENDY J	
STREET ADDRESS	2020 MISSION VALLEY BLVD.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Deming **Michael D. Deming** DATE 4/2/03 DAYTIME PHONE # 941-485-3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)