## 2000 UNIFORM BUSINESS REPORT (UBR)

## Aug 16, 2000 08:00 AM DOCUMENT # **P98000091788** 1. Entity Name **Secretary of State** D F S CONSTRUCTION CORP. Principal Place of Business Mailing Address 2830 N.E. 30TH PLACE 2830 N.E. 30TH PLACE FT. LAUDERDALE FT. LAUDERDALE FL FL 33306 33306 US 2. Principal Place of Business 3. Mailing Address 1781 BAYBERRY DRIVE 1781 BAYBERRY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PEMBROKE PINES FL PEMBROKE PINES FL 65-0874772 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33024 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SESLAR SESLAR DENNIS 2830 N.E. 30TH PLACE Street Address (P.O. Box Number is Not Acceptable) 2830 N.E. 30TH PLACE FT. LAUDERDALE 33306 City Zip Code PEMBROKE PINES 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. 08/16/2000 DENNIS SESLAR 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 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE D Delete TITLE PRES X Change ☐ Addition SESLAR DENNIS NAME SESLAR DENNIS STREET ADDRESS 2830 N.E. 30TH PLACE 9A STREET ADDRESS 1781 BAYBERRY DRIVE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE 33306 PEMBROKE PINES 33024 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 on an attachment with an address, with all other like empowered.

FILED