FILED

Jan 10, 2003 8:00 am

**Secretary of State** 

01-10-2003 90081 007 \*\*\*158.75

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

## DOCUMENT #

P98000095165

1. Entity Name

DIVCO CONSTRUCTION CORP.



Principal Place of Business Mailing Address 6628 WILLOW PARK DRIVE 6628 WILLOW PARK DRIVE NAPLES FL 34105 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3559612 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAUFFMAN, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 6628 WILLOW PARK DRIVE NAPLES FL 34109 City 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. I am familiar with, and accept the obligations of registered agent. Syped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **SIGNATURE** FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition EASTMAN, MARK NAME NAME 6628 WILLOW PARK DRIVE STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY-ST-7IP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition KAUTTMAN, STEPHEN NAME KAUFFMAN NAME 6628 WILLOW PARK DRIVE STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change Addition STEPHEN KAUFFMAN NAME NAME STREET ADDRESS 6629 WILLOW FORL OF STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP noples FL 34105 TITLE ☐ Delete TITLE Change Addition

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)(1), 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.

NAME

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-7IE

SIGNATURE:

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Change

☐ Change

Addition

Addition