

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90096 045 \*\*\*150.00

0115696

**DOCUMENT # P99000007308**  
 1. Entity Name  
**DEBORAH CONSTRUCTION, INC.**

Principal Place of Business      Mailing Address  
 1813 S.W. 176TH WAY      1813 S.W. 176TH WAY  
 MIRAMAR FL 33029      MIRAMAR FL 33029

2. Principal Place of Business      3. Mailing Address  
**15233 SW 21<sup>ST</sup> STREET**      **15233 SW 21<sup>ST</sup> STREET**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIRAMAR, FL**      **MIRAMAR, FL**  
 Zip      Country      Zip      Country  
**33027**      **USA**      **33027**      **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FINANCIAL FOUNDATIONS, INC.**  
**2843 THAXTON DRIVE, #37**  
**PALM HARBOR FL 34684**

4. FEI Number      Applied For  
**65-0888134**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
 7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CZUBKOWSKI, DEBORAH A</b>
STREET ADDRESS	<b>1813 S.W. 176TH WAY</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33029</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>CZUBKOWSKI, SCOTT</b>
STREET ADDRESS	<b>1813 SW 176 WAY</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33029</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>15233 SW 21<sup>ST</sup> STREET</b>
CITY-ST-ZIP	<b>MIRAMAR, FL 33027</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>15233 SW 21<sup>ST</sup> STREET</b>
CITY-ST-ZIP	<b>MIRAMAR, FL 33027</b>
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	

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.

SIGNATURE: *Scott Debra* VP      4-22-01      954-557-6350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)