FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2003 8:00 am Secretary of State P99000019715 DOGUMENT # 02-03-2003 90068 002 ***150.00 1. Entity Name DIVERSIFIED CONSTRUCTION-MANAGERS, INC Principal Place of Business Mailing Address 555 S OLD WOODWARD AVE 555 S OLD WOODWARD AVE 90016148 STE 1508 STE 1508 BIRMINGHAM MI 48009* BIRMINGHAM MI 48009 2. Principal Place of Business 3. Mailing Address 555 S. Öld Woodward, Ave. 555 S. Old Woodward, Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite 1209 Suite 1209 City & State Applied For -City & State: 4. FEI Number P9900 Birmingham, MI 65-0916468 Birmingham, MI Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 48009HSIFIED CONDSAUCTION MANA 48009 INC USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YVETTE. MURPHY ESO 555 S OLD MODOW MY AVE Street Address (P.O. Box Number is Not Acceptable) 3250 MARY STREET STE 1508 SISTE 3021-41 48009 BRIGHNORMA NO SHORM COCONUT GROVE FL 33133 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 65-0916469 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MANESO MAS MCDANIEL, JACKSON ☐ Addition ☐ Delete TITLE NAME 50 MAF STREET ADDRESS NAME MCDANIEL, JACKSON 555 S. OLD WOODWARD, SUITE 1209 555 S OLD WOODWARD AVE STE 1508 STREET ADDRESS BIRMINGHAM, MI 48009 ony St 2PD2 **BIRMINGHAM MI 48009** CITY-ST-ZIP TITLE OCOLL Variove fil 33133 ☐ Delete TITLE X Change BENSON, GREGORY J BENSON, GREGORY 555 S. OLD WOODWARD, SUITE 1209 BIRMINGHAM, MI 48009 555 S OLD WOODWARD AVE STE 1508 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM MI 48009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME 1 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME NAME 1, 1,2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MCDANIEL, JACKSON CITY-ST-ZIP 555 S OLD WOODWARD AVE STE 1508 TITLE ☐ Delete ☐ Change ☐ Addition **BIRMINGHAM MI 48009** NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BENSON, GREGORY J 553 S OLD WOODWARD AVE STE 1508 TITLE ☐ Delete TITLE Change ☐ Addition BIRMINGHAM MI 48009 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: JACKSON MEDANIELR SIGNATURE AND TYPED OR PRINTED I

changed, or on an attachment with an address, with all other

ke empowered.

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

01/27/03 Date

248 593 0778

Daytime Phone #

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