

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**  
 02-26-2000 90014 024 \*\*\*158.75

**DOCUMENT # F97000002854**  
 1. Entity Name  
**R.B.R. CONSTRUCTION INC.**

Principal Place of Business 977 SOUTH ROUTE 83 ELHURST IL 60126 US	Mailing Address 977 SOUTH ROUTE 83 ELHURST IL 60126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>36-3215689</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GRIFFITHS, FREDERICK N**  
**1554 STICKNEY POINT RD**  
**SARASOTA FL 34231**

**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, 2000 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>BRONGE, RICHARD C</b>
STREET ADDRESS	<b>977 SOUTH ROUTE 83</b>
CITY-ST-ZIP	<b>ELHURST IL 60126</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>BRONGE, RANDALL A</b>
STREET ADDRESS	<b>977 SOUTH ROUTE 83</b>
CITY-ST-ZIP	<b>ELMHURST IL 60126</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>BRONGE, BRUCE R</b>
STREET ADDRESS	<b>977 SOUTH ROUTE 83</b>
CITY-ST-ZIP	<b>ELHURST IL 60126</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 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	
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:** *Randall A. Bronge*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Randall A. Bronge, Vice Pres** Date **630.941.6854** Daytime Phone #

CR2E034 (9/99)