

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J74621

1. Entity Name

RFG GENERAL CONTRACTORS, INC.

Principal Place of Business

11900 SE SHELL AVE
HOBE SOUND FL 33455-3409
US

Mailing Address

11900 S. E. SHELL AVENUE
HOBE SOUND FL 33455-3409
US

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 59-2810987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLADWIN, RANSOM F., III
11900 S.E. SHELL AVENUE
HOBE SOUND FL 33455

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME GLADWIN, RANSOM F., III
STREET ADDRESS 11900 S. E. SHELL AVENUE
CITY-ST-ZIP HOBE SOUND FL

TITLE D
NAME GLADWIN, ROSALYN R.
STREET ADDRESS 5373 POINT LANE EAST
CITY-ST-ZIP JUPITER FL

TITLE ~~ST~~
NAME ~~BANNON, TERESA A.~~
STREET ADDRESS ~~194 HAMPTON PLACE~~
CITY-ST-ZIP ~~JUPITER FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-01

Date

561 546-1500

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90075 008 ***150.00

C0004492



DO NOT WRITE IN THIS SPACE

05/22/15

CR2E034 (10/00)