2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000084558 **DOCUMENT#**

1. Entity Name
RICK BISHOP CONSTRUCTION, INC.



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90119 027 ***150.00

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dress	,			_ ,		, ,	-

Principal Place of Business Mailing Address 13306 SW WILLISTON RD 13306 SW WILLISTON RD MICANOPY FL 32667 MICANOPY FL 32667				~~~v1 #U#					
2. Principal Place of Business 44/6 SW 84 th Place				/		······ : : : : : : : : : : : : : : : :			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
City & State Sainesin Elocido Garnesui El			4. FEI Nu	4. FEI Number 59-3742309 Applie Not Ap					
Zip Country	Zip 22/00	Country	5. Certific	ate of Status Desired	□ \$8.75 Add	ditional			
32608 (1, 5. 6. Name and Address of Currel	nt Registered Agent	4.5.	7. Name i	and Address of New Re	Fee Require	0			
BISHOP, RICHARD A	The state of the s	Name Street Add	ichord	mber is Not Acceptable)	shop				
13306 SW WILLISTON RD				, (Contract, 1889)	,				
MICANOPY FL 32667 44/65W84+4 Place City City									
8. The above named entity submits this statement	for the purpose of changing its r	egistered office or re	egistered agent, or	both, in the State of Flori		and accept			
the obligations of registered agent		0.1	0 . 0:	/	, , , , , , , , , , , , , , , , , , ,	. /			
SIGNATURE Signature, typed or printed name of registered age	and title if applicable (NOTE:	Registered Agent signature	required when reinstating.	of Preside	DATE 2/24	103			
FILE NOW!!! FEE IS \$150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department			9.	Election Campaign Fina Trust Fund Contribution.		0 May Be I to Fees			
10. OFFICERS AN	D DIRECTORS	11.		NS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11			
NAME BISHOP, RICHARD A STREET ADDRESS CITY-ST-ZIP D 1930 BISHOP, RICHARD A STREET ADDRESS CITY-ST-ZIP MICANOPY FL 32667	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	1416 sw	A. Bishop 34th Place 11e Florida 3	Exchange 2608	Addition 8			
TITLE	Delete	TITLE	PAINESUI	70,70,70,40	Change	☐ Addition 9			
NAME		NAME			-	1			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP.							
TITLE	☐ Delete	TITLE			Change	Addition			
NAME STREET ADDRESS	•	NAME STREET ADDRESS		K	÷ .				
CITY-ST-ZIP		CITY-ST-ZIP							
TITLE NAME	☐ Delete	TITLE NAME			Change	☐ Addition			
STREET ADDRESS		STREET ADDRESS							
CITY-ST-ZIP		CITY-ST-ZIP							
TITLE	☐ Delete	TITLE			Change	☐ Addition			
NAME STREET ADDRESS		NAME STREET ADDRESS							
CITY-ST-ZIP		CITY-ST-ZIP							
TITLE	☐ Delete	TITLE		- 	☐ Change	Addition			
NAME		NAME				1			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied windicated on this report or supplemental report of the corporation or the receiver or trustee emchanged, or on an attachment with an address	is true and accurate and that my powered to execute this report a	he exemption stated signature shall have s required by Charle	e the same legal ef er 607, Florida Stat	fect as if made under oa utes; and that my name a	th: that I am an officer.	or director			
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OF	DIRECTOR	rehord H	Bishop 2/24	/03(352)2/ Daytime Phone #	155811			