

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

0465003 AV

**DOCUMENT # P94000004271**

1. Entity Name

**RETAIL CONSTRUCTION SPECIALIST, INC.**

04-17-2002 90091 010 \*\*\*150.00

Principal Place of Business

Mailing Address

**7830 OLIVER RD  
 LARGO FL 33777  
 US**

**7830 OLIVER RD  
 LARGO FL 33777  
 US**



2. Principal Place of Business

3. Mailing Address

**9150 SILVERTHORN RD  
 Suite, Apt. #, etc.**

**9150 SILVERTHORN RD  
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

**LARGO FL**

City & State

**LARGO FL**

4. FEI Number

**59-3220620**

Applied For

Not Applicable

Zip **33777**

Country **USA**

Zip **33777**

Country **USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICKEY, WILLIAM R  
 2310 W. BAY DR.  
 LARGO FL 34640**

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 \_\_\_\_\_

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **DPST**  
 STREET ADDRESS **PETRISKO, ROBERT G**  
 CITY-ST-ZIP **10031 OAKS LANE SEMINOLE FL 34642**

TITLE  Change  Addition  
 NAME **D/P/S/T**  
 STREET ADDRESS **ROBERT G. PETRISKO**  
 CITY-ST-ZIP **9150 SILVERTHORN RD LARGO FL 33777**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 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: **Robert G. Petrisko** **ROBERT G PETRISKO** 4-4-02 727-541-1600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)