

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90058 023 \*\*\*150.00

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**DOCUMENT # P96000033361**

1. Entity Name  
**CENTRAL FLORIDA TAPPING AND CONSTRUCTION SERVICE S, INC.**

Principal Place of Business 238 W. MARVIA AVE 110 LONGWOOD FL 32750 US	Mailing Address P.O. BOX 1279 LONGWOOD FL 21752-1279 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business # 110 238 W. MARVIN AVE Suite, Apt. #, etc. Longwood, FL	3. Mailing Address P.O. Box 521279 Suite, Apt. #, etc. Longwood, FL
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City & State	City & State
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4. FEI Number 59-3374492	Applied For <input type="checkbox"/> Not Applicable
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Zip 32750	Country USA	Zip 32752	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BULLINGTON, RICHARD E**  
**578 RIDGELINE RUN**  
**LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name: **SAME**

Street Address (P.O. Box Number is Not Acceptable):  
**1550 Grace Lake Circle**

City: **Longwood** FL Zip Code: **32750**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>BULLINGTON, RICHARD E</b> <b>578 RIDGELINE RUN</b> <b>LONGWOOD FL 32750</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P. Richard E. Bullington</b> <b>1550 Grace Lake Cr.</b> <b>Longwood, FL 32750</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard E Bullington **407-834-8271**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)