

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90342 044 \*\*\*150.00

**DOCUMENT # V08050**

1. Entity Name  
**R.K. CONSTRUCTORS OF CENTRAL FLORIDA, INC.**

Principal Place of Business  
~~4530~~ OLD WINTER GARDEN ROAD  
 ORLANDO FL 32811

Mailing Address  
 4630 S KIRKMAN ROAD  
 ORLANDO FL 32811

2. Principal Place of Business **4975 OLD WINTER GARDEN**  
 Suite, Apt. #, etc. **SAME**

3. Mailing Address **4630 S. KIRKMAN**  
 Suite, Apt. #, etc. **SUITE 201**

City & State **ORLANDO**  
 Zip **32859** Country **ORANGE**

City & State **ORLANDO FL 32**  
 Zip **32811** Country **ORANGE**

4. FEI Number **59-3097824**  
 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

**STRONG, HUGH**  
~~482 DUNDEN~~  
**OCFEE FL 34761**

**7. Name and Address of New Registered Agent**

Name **SAME**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3091 PINNACLE CT**  
 City **CLERMONT** FL Zip Code **34711**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P D REICH, STANTON</b> <b>4630 S. KIRKMAN RD #221</b> <b>ORLANDO FL 32811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S STANTON, REICH</b> <b>4630 S. KIRKMAN</b> <b>ORLANDO FL 32811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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:** SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*  
 Date **4/18/02** Daytime Phone # **407 532-3472**



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)