

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000103869

FILED  
Feb 02, 2003  
Secretary of State

**Entity Name:** ROCK POINTE GENERAL CONTRACTING, INC.

**Current Principal Place of Business:**

792 104TH AVE N  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

792 104TH AVE N  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 31-1809851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLSOVSKY, JESSE  
792 104TH AVE N  
NAPLES, FL 34108

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OLSOVSKY, JESSE  
Address: 792 104TH AVE N  
City-St-Zip: NAPLES, FL 34108

Title: V ( ) Delete  
Name: MAENZA, LEONARD  
Address: 353 SWEET BAY LANE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESSE OLSOVSKY

P

02/02/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date