

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90275 034 ***150.00

DOCUMENT # H53315

1. Entity Name
R. J. GADD CONSTRUCTION, INC.



Principal Place of Business
**6118 CAMPHOR AVE.
SARASOTA FL 34231
US**

Mailing Address
**7320 P.O. BOX
SARASOTA FL 34278
US**

11010007



2. Principal Place of Business
**8146 Natures Way
Suite, Apt. #, etc. #27**

3. Mailing Address
**P.O. Box 7320
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
Bradenton, Fl.

City & State
Sarasota, Fl.

4. FEI Number **59-2528274**

Applied For
Not Applicable

Zip Country
34202 Manatee

Zip Country
34278 Sarasota

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

**GADD, RICHARD J.
6118 CAMPHOR AVE
SARASOTA FL 34231**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTV** ☐ Delete
NAME **GADD, RICHARD JAMES**
STREET ADDRESS **6118 CAMPHOR AVE**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Change ☐ Addition
NAME **8146 Natures Way #27**
STREET ADDRESS **Bradenton, Fl.**
CITY-ST-ZIP **34202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard J. Gadd pres.** 4/18/03 (94)907-6231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)