

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90103 005 \*\*\*150.00

**DOCUMENT # 425462**

1. Entity Name  
**K & R RICE CONSTRUCTION, INC.**



Principal Place of Business  
~~2640 N WOODLAND BLVD~~  
DELAND FL 32720

Mailing Address  
~~2640 N WOODLAND BLVD~~  
DELAND FL 32720

**90047696**



2. Principal Place of Business

**965 mercers fernery rd.**  
Suite, Apt. #, etc.

3. Mailing Address

**965 mercers fernery Rd**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**DeLand Fl**

City & State  
**DeLand, Fl**

4. FEI Number **59-1460540**

Applied For  
Not Applicable

Zip  
**32720-2335**

Country  
**Volusia**

Zip  
**32720-2335**

Country  
**Volusia**

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

6. Name and Address of Current Registered Agent

**RICE, KENNETH**  
~~2640 N WOODLAND BLVD~~  
DELAND FL 32720

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**965 mercers fernery Rd.**  
City  
**DeLand** FL Zip Code  
**32720-2335**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**RICE, KENNETH**  
~~2640 N WOODLAND BLVD~~  
DELAND FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST**  
**ELIZABETH, RICE**  
~~2640 N WOODLAND BLVD~~  
DELAND FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**965 mercers fernery Rd.**  
**DeLand, Fl. 32720-2335**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**965 mercers fernery Rd.**  
**DeLand, Fl. 32720-2335**

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

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

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

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

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**KENNETH C. RICE**

**3/7/03**

**386-7361957**  
**386-7381854**

Date

Daytime Phone #

CR2E034 (10/02)