

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003494

1. Entity Name
C RALLO CONTRACTING CO INC.

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90095 044 ***550.00

Principal Place of Business
5000 KEMPER AVENUE
ST LOUIS MO 63139

Mailing Address
5000 KEMPER AVENUE
ST LOUIS MO 63139

00100900



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 43-0624352

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C-T-CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
PCD
RALLO JR, CHARLES
5000 KEMPER AVENUE
ST LOUIS MO ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RALLO JR, CHARLES
5000 KEMPER AVENUE
ST LOUIS MO 63139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
RALLO, PETER
5000 KEMPER AVENUE
ST LOUIS MO ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
RALLO, PETER
5000 KEMPER AVENUE
ST LOUIS MO 63139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RALLO, CHARLES A.
5000 KEMPER AVENUE
ST LOUIS MO 63139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MOYER, KEITH
5000 KEMPER AVENUE
ST LOUIS MO 63139 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Date

Daytime Phone #

CR2E034 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

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C RALLO CONTRACTING CO INC.

Attachments

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ST LOUIS MO 63139**

Mailing Address

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ST LOUIS MO 63139**

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD RALLO JR, CHARLES 5000 KEMPER AVENUE ST LOUIS MO	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST RALLO, PETER 5000 KEMPER AVENUE ST LOUIS MO	<input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALLO JR, CHARLES 5000 KEMPER AVENUE ST LOUIS MO 63139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RALLO, PETER 5000 KEMPER AVENUE ST LOUIS MO 63139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RALLO, CHARLES A. 5000 KEMPER AVENUE ST LOUIS MO 63139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOYER, KEITH 5000 KEMPER AVENUE ST LOUIS MO 63139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

File Name Sheet 1