

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000002626

1. Entity Name
RESORT CONSTRUCTION SERVICES INC.

Principal Place of Business
1-60 ESTATE BAKKERO
ST THOMAS. USVI

USVI - *Incorrect spelling* - USVI.

2. Principal Place of Business
1-60 ESTATE Bakkero 102 South Shore Rd.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
St. Thomas USVI

Zip Country Zip Country

City & State
Stuart, FL

3. Mailing Address
102 SOUTH SHORE BLVD
STUART FL 34994

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91507 030 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1097950 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STABBERT, DAVID F
102 SOUTH SHORE RD
STUART FL 34995

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.

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. 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	PCD STABBERT, DAVID F 102 S STONE RD STUART FL	<input type="checkbox"/> Delete <i>Incorrect spelling</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Stabbert, David F.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD STABBERT, DCONE G 102 S STONE RD STUART FL	<input type="checkbox"/> Delete <i>Incorrect spelling</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Stabbert, Diane G.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HERMAN, MAURICE PO BOX 27 WATER ISLAND VI	<input type="checkbox"/> Delete	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"/> 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"/> Delete	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: *David F. Stabbert* Date: 4/16/02 Daytime Phone # 561-335-9027
Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E04 (9/01)