

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90127 043 \*\*\*150.00

**DOCUMENT # F27686**

1. Entity Name

**R.L. CUMMINS & SON DRYWALL, INC.**

Principal Place of Business

**5040 70TH AVE N  
 PINELLAS PARK FL 33781**

Mailing Address

**5040 70TH AVE N  
 PINELLAS PARK FL 33781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2084794**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CUMMINS, RONALD L  
 5040 70TH AVE N  
 PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name

**RONALD L. CUMMINS, II**

Street Address (P.O. Box Number is Not Acceptable)

**5040 - 70TH AVENUE, N.**

City

**PINELLAS PARK**

FL

Zip Code

**33781**

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)

**RONALD L. CUMMINS, II**

**Director  
 President  
 Treasurer**

**01/14/2002**

**Registered Agent**

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 \$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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CUMMINS, ANDREA	
STREET ADDRESS	6280 PARK BOULEVARD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CUMMINS, RONALD L	
STREET ADDRESS	5040 70TH AVE N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAUFMANN, BRUCE G	
STREET ADDRESS	11151 66TH ST N SUITE 401	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREA CUMMINS	
STREET ADDRESS	5040 - 70TH AVENUE, N.	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD L. CUMMINS	
STREET ADDRESS	5040 - 70TH AVENUE, N.	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMANN, BRUCE G.	
STREET ADDRESS	8353-79TH AVENUE, N.	
CITY-ST-ZIP	SEMINOLE, FL 33777	
TITLE	DPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD L. CUMMINS, II	
STREET ADDRESS	5040 - 70TH AVENUE, N.	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/14/2002 727-420-0326**

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
Doc # P27686

815858 **BRUCE G. KAUFMANN, J.D.**

**ATTORNEY AT LAW**  
8353 79<sup>th</sup> Avenue North  
Seminole, FL 33777

**Telephone (727) 320-8721**

**Fax (727) 320-8651**

January 17, 2002

Department of State  
Division of Corporations  
PO. Box 6327  
Tallahassee, FL 32314

Re: RL Cummins & Son Drywall, Inc.,

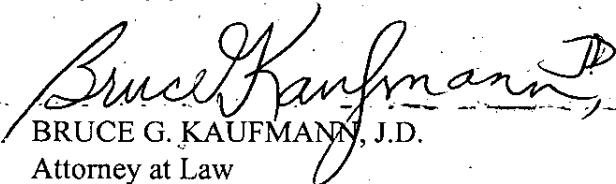
Gentlemen:

Enclosed please find the 2002 Uniform Business Report which has been completed, together with my client's check in the amount of \$150.00 to cover the costs for filing said report.

Please file the report and forward confirmation of same to this office at your earliest convenience.

If you have any questions concerning this matter, please feel free to contact me.

Very truly yours,

  
BRUCE G. KAUFMANN, J.D.  
Attorney at Law

BGK:tlm  
enclosure  
cc: Client