## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

1 *	D2 UNIFORM BUSI		ORT (U	BR)		FILE: 2002		00 am
DOCUMENT # F44327  1. Entity Name A RAINALDI PLUMBING, INC.					Sep 23, 2002 8:00 am Secretary of State 09-23-2002 90196 020 ***550.00			
a a city ound	ace of Business CHENEY HIGHWAY FL 32807	Mailing Address 6111 OLD CHENEY, HI ORLANDO FL 32807	GHWAY.					
2. Principal	Place of Business	3. Mailing Address						
Suite, Ap		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 59-21284	68	Applied For Not Applicable	
Žip	Country  6. Name and Address of Current Re	Zip	Country	<u> </u>	<ol> <li>Certificate of Status Desired</li> <li>Name and Address of New</li> </ol>	_ ~ F	<b>8.75</b> Acee Require	dditional ed
RAINALDI, FRANK PAUL 6111 OLD CHENEY HIGHWAY ORLANDO FL 32807			Stre	Street Address (P.O. Box Number is Not Acceptable)  City  Zip Code				
SIGNATURE  9. This corp Tax filing	e named entity submits this statement for the signature, typed or printed name of registered agent and coration is eligible to satisfy its Intangible requirement and elects to do so.	title if applicable. (NO	TE: Registered Agent si /!!! FEE IS \$1: 002 Fee will be	gnature required v 50.00 9 \$550.00	when reinstating)  10. Election Campaign F	DATE	\$5.0 Adde	00 May Be
11.	OFFICERS AND DIF		12.		ADDITIONS/CHANGES TO OF	FICERS AND D	IDECTOR	C INI 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS RAINALDI, FRANK PAUL 4323 GABREILLA LANE WINTER PARK FL	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	P	THE STATE OF THE S		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	t Rainaldi, Frank Paul 4323 gabreilla lane Winter Park Fl	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss		C	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V S R. Craig Parks 9767 Berry Dease Road Orlando, FL 32825	☐ Delete	NAME STREET ADDRES CITY-ST-ZIP	<sup>S</sup>   97	Craig Parks 67 Berry Dease Ro		Change~	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		lando, FL 32825		] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			Change	☐ Addition
TITLE NAME		☐ Delete	TITLE	<del>                                     </del>			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 all other like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Paul Rainaldi

9/12/02 407-282-2900

Daytime Phone #