

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91598 019 ***150.00

DOCUMENT # F 94000004054

1. Entity Name

DRBJ Construction, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

75 Lambert Lind Highway

3. Mailing Address

Suite, Apt. #, etc.

POB 2809

Suite, Apt. #, etc.

City & State

Warwick, RI

City & State

Zip

02886

Country

US

Zip

Country

4. FEI Number

05-0475224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Scott C. Thompson

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

215 N. Eola Drive

City

Orlando

FL

Zip Code

32801

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 date 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P V S T
Raymond Uritescu
75 Lambert Lind Highway
Warwick, RI 02886

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
AS
Donna P. Uritescu
75 Lambert Lind Highway
Warwick, RI 02886

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)