

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H02200

1. Entity Name

RUSH CONSTRUCTION, INC.

Principal Place of Business

1300 ARMSTRONG DRIVE
SUITE A-102
TITUSVILLE FL 32780

Mailing Address

6285 VECTORSPACE BLVD.
TITUSVILLE FL 32780

2. Principal Place of Business

6285 VectorSpace Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Titusville, FL 32780

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2401736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RABEL, EDUARDO A
4385 CHULUOTA ROAD
ORLANDO FL 32820

7. Name and Address of New Registered Agent

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.

Eduardo A. Rabel, CEO

(NOTE: Registered Agent signature required when reinstating)

3/30/01

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 \$150.00
After MAY 1, 2001 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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	RABEL, EDUARDO A	
STREET ADDRESS	4385 CHULUOTA ROAD	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHIVERS, WILLIAM	
STREET ADDRESS	3735 CHIARA DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORAN, MICHAEL A	
STREET ADDRESS	1308 CAMELOT CIRCLE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	T	<input type="checkbox"/> Delete
NAME	RABEL, EDUARDO A	
STREET ADDRESS	4385 CHULUOTA ROAD	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Eduardo A. Rabel

3/30/01

Date

321-267-8100

Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90355 048 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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