

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H24160

1. Entity Name
REX-TIBBS CONSTRUCTION COMPANY, INC.

Principal Place of Business Mailing Address
1501 W COLONIAL DR 1501 W COLONIAL DR
ORLANDO FL 32804 ORLANDO FL 32804
US US

2. Principal Place of Business 3. Mailing Address
181 Circle Drive 181 Circle Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Maitland, Florida Maitland, Florida

Zip Country Zip Country
32751 USA 32751 USA

4. FEI Number **59-2771137** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REX, WALTER A.
1501 W COLONIAL DR
ORLANDO FL 32804

Name
 Street Address (P.O. Box Number is Not Acceptable)
181 Circle Drive
 City
Maitland, FL Zip Code 32751

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 **Walter A. Rex** 1/3/02
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.
 (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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
D
 NAME **REX, WALTER A.**
 STREET ADDRESS **1501 W COLONIAL DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **181 Circle Drive**
 CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **TIBBS, JAMES F.**
 CITY-ST-ZIP **1501 W COLONIAL W**
ORLANDO FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **181 Circle Drive**
 CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **James F. Tibbs, President** 1/3/02 (407) 644 6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90002 015 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)