

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90053 004 \*\*\*150.00

**DOCUMENT # H24181**

1. Entity Name  
**RALPH ROBERTS CONSTRUCTION CO., INC.**



Principal Place of Business  
**3993 S. ACCESS ROAD  
P.O. BOX 1322  
ENGLEWOOD FL 34295-1322**

Mailing Address  
**3993 S. ACCESS ROAD  
P.O. BOX 1322  
ENGLEWOOD FL 34295-1322**

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 **59-2467579**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELLBAUM, R.W., JR  
686 N. INDIANA AVE.  
SUITE A  
ENGLEWOOD FL 34223**

Name

**DAVID A. DUNKIN, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**170 West Dearborn Street  
Englewood, Florida 34223**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DAVID A. DUNKIN, P.A.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/4/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete  
NAME **RICE, JR A**  
STREET ADDRESS **183 MARK TWAIN LANE**  
CITY-ST-ZIP **ROTONDA FL 33947**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **POER, JOHN B., JR.**  
STREET ADDRESS **1738 SHADES CREST RD.**  
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **ROBERTS, DOUGLAS**  
STREET ADDRESS **3993 S. ACCESS ROAD**  
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☐ Delete  
NAME **ROBERTS, RALPH B**  
STREET ADDRESS **409 LEMONWOOD DR.**  
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**RALPH B. ROBERTS**  
**PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/31/03**

Daytime Phone # **(941) 474-1527**

CR2E034 (10/02)