2001 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2001 8:00 am **DOCUMENT # H92305 Secretary of State** 1. Entity Name RINKUS CONSTRUCTION & ROOFING, INC. 03-14-2001 90483 037 ***150.00 Principal Place of Business Mailing Address 2323 OLD DIXIE HIGHWAY 2323 OLD DIXIE HIGHWAY 1 9 5 7 9 9 KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2620469 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RINKUS, PATRICIA R. Street Address (P.O. Box Number is Not Acceptable) 2323 OLD DIXIE HWY KISSIMMEE FL 34744 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 0. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete ☐ Addition ☐ Change TITLE TITLE RINKUS, PATRICIA R NAME NAME STREET ADDRESS STREET ADDRESS 2226 W. CECILE STREET CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL Delete TITLE ☐ Change ☐ Addition TITLE RINKUS, EUGENE M NAME NAME STREET ADDRESS STREET ADDRESS 7710 DAETWYLER DR #21 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Delete TITLE ☐ Change Addition TITLE NAME RINKUS, DANIEL K. NAME STREET ADDRESS STREET ADDRESS 1500 SW 21ST STREET, APT 1 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33315 TITLE ☐ Delete TITLE Change Addition NAME RINKUS, ERIC M NAME STREET ADDRESS STREET ADDRESS 7543 NW 3RD CT CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

3-8-01 407-847-6868

Daytime Phone #

☐ Change

☐ Addition