

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90330 047 ***150.00

DOCUMENT # H92305

1. Entity Name
RINKUS CONSTRUCTION & ROOFING, INC.

Principal Place of Business Mailing Address
2323 OLD DIXIE HIGHWAY **2323 OLD DIXIE HIGHWAY**
KISSIMMEE FL 34744 **KISSIMMEE FL 34744**

00074500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2226 W. Cecile St. **P.O. Box 420880**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Kissimmee, FL **Kissimmee, FL** **59-2620469** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
34741 **USA** **34742** **USA** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
RINKUS, PATRICIA R. Name
2323 OLD DIXIE HWY Street Address (P.O. Box Number is Not Acceptable)
KISSIMMEE FL 34744 **2226 W. Cecile St.**
 City State Zip Code
Kissimmee **FL** **34741**

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 Patricia R. Rinkus
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 NAME STREET ADDRESS CITY-ST-ZIP	DPT RINKUS, PATRICIA R 2226 W. CECILE STREET KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RINKUS, EUGENE M 7710 DAETWYLER DR #21 ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RINKUS, DANIEL K. 1500 SW 21ST STREET, APT 1 FT LAUDERDALE FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 815 SW 25th Court FT. Lauderdale, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RINKUS, ERIC M 7543 NW 3RD CT PLANTATION FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Patricia R. Rinkus 3-8-02 407-847-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)