

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H96874

1. Entity Name

R. C. S. BUILDERS, INC.

Principal Place of Business

% M. CAROLYN SZOKA
6125 LAKEWOOD RD.
SEBRING FL 33872

Mailing Address

% M. CAROLYN SZOKA
6125 LAKEWOOD RD.
SEBRING FL 33872

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 59-2659072

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

SZOKA, ROBERT F.
6125 LAKEWOOD RD
SEBRING FL 33872

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.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVS	<input type="checkbox"/> Delete
NAME	SZOKA, ROBERT F.	
STREET ADDRESS	6125 LAKEWOOD RD.	
CITY-ST-ZIP	SEBRING FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SZOKA, M. CAROLYN	
STREET ADDRESS	6125 LAKEWOOD RD.	
CITY-ST-ZIP	SEBRING FL	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	SZOKA, SEAN ANTHONY	
STREET ADDRESS	6125 LAKEWOOD RD	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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

4/20/01

(863) 382-0393

Date

Daytime Phone #

CR2E034 (10/00)

0532515

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90059 026 ***150.00



DO NOT WRITE IN THIS SPACE