

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L11832

1. Entity Name

DAVID L. RENGERT CONSTRUCTION, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90931 038 \*\*\*150.00

C0058646

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 311 12th Avenue  
 Indian Rocks Beach,  
 Florida 33785

Mailing Address  
 311 12th Avenue  
 Indian Rocks Beach, FL  
 33785

2. Principal Place of Business

3. Mailing Address

10275 Gulf Blvd., #201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#201

City & State

City & State

Treasure Island, FL

4. FEI Number

592971799

Applied For

Not Applicable

Zip

Country

Zip

Country

33706

U.S.A.

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

David L. Rengert  
 311 12th Avenue  
 Indian Rocks Beach, FL 33785

Name

Michael K. McFadden  
 Street Address (P.O. Box Number is Not Acceptable)  
 200 Clearwater-Largo Road S.

City  
 Largo

FL

Zip Code  
 33770

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 *Michael K. McFadden*

Michael K. McFadden

4-23-01

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  
 NAME Theresa L. Whelan ☐ Delete  
 STREET ADDRESS 10275 Gulf Blvd., #201  
 CITY-ST-ZIP Treasure Island, FL 33706

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

TITLE  
 NAME VP T ☐ Delete  
 STREET ADDRESS Susan S. Berg  
 CITY-ST-ZIP 751 Rhoden Cove Road  
 Tallahassee, FL 32312

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

TITLE  
 NAME David L. Rengert ☒ Delete  
 STREET ADDRESS 311 12th Avenue  
 CITY-ST-ZIP Indian Rocks Beach, FL 33785

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Theresa L. Whelan*

4-23-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa L. Whelan

727-536-9467

Daytime Phone #

CR2E034 (11/00)