

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65208

1. Entity Name
R & D CONSTRUCTION MANAGEMENT CORPORATION

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90026 018 ***150.00

Principal Place of Business Mailing Address
P.O. BOX 013525 P.O. BOX 013525
MIAMI FL 33101 MIAMI FL 33101-3525



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. *P.O. Box 3927*
3. Mailing Address Suite, Apt. #, etc. *P.O. Box 3927*

City & State *VERO BEACH, FL* City & State *VERO BEACH, FL*
Zip *32964* Country *IND. RIVER* Zip *32964* Country *IND. RIVER*

4. FEI Number **59-3013597** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BJORKMAN, PAMELA
1159 SPANISH LACE LN.
VERO BEACH FL 32963

7. Name and Address of New Registered Agent
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 *Pam Bjorkman* *4/16/00*
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, 2000 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	D <input type="checkbox"/> Delete
NAME	BJORKMAN, R.L.
STREET ADDRESS	1159 SPANISH LACE LN
CITY-ST-ZIP	VERO BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	BJORKMAN, PAMELA
STREET ADDRESS	1159 SPANISH LACE LN.
CITY-ST-ZIP	VERO BCH 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
NAME	
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CITY-ST-ZIP	
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NAME	
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: *Pam Bjorkman* *4/16/00* **561 234 5935**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)