

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2001 8:00 am**
Secretary of State

01-24-2001 90039 020 ***150.00

DOCUMENT # P00000004737**1. Entity Name**
RCP CONTRACTING, INC.**Principal Place of Business****796 AUSTIN COURT**
WINTER SPRINGS FL 32708**Mailing Address****796 AUSTIN COURT**
WINTER SPRINGS FL 32708**2. Principal Place of Business****1962 Corporate Square**
Suite, Apt. #, etc.**3. Mailing Address****1962 Corporate Square**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Longwood, FL**City & State**
Longwood, FL**4. FEI Number**
59-3618387**Applied For**
Not Applicable**Zip**
32708**Country**
USA**Zip**
32708**Country**
USA**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****MORGAN, MICHAEL T**
796 AUSTIN COURT
WINTER SPRINGS FL 32708**Name** **Morgan, Michal T. (same)****Street Address** **1962 Corporate Square****City** **Longwood** **FL** **Zip Code** **32708****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** *Morgan T Morgan*
Signature, typed or printed name of registered agent and if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/00
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** **D** ☐ Delete
NAME **MORGAN, MICHAEL**
STREET ADDRESS **796 AUSTIN COURT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **LEGGETT, DAVID**
STREET ADDRESS **PO BOX 572**
CITY-ST-ZIP **GAINSBORO TN 38562****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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:** *Morgan T Morgan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/12/00** **(407) 831-1122**
Date Daytime Phone #

CR2E034 (10/00)