

**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 <b>796 AUSTIN COURT          WINTER SPRINGS FL 32708</b>	Mailing Address <b>796 AUSTIN COURT          WINTER SPRINGS FL 32708</b>
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2. Principal Place of Business <b>1962 Corporate Square</b> Suite, Apt. #, etc.	3. Mailing Address <b>1962 Corporate Square</b> Suite, Apt. #, etc.
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City & State <b>Longwood, FL</b>	City & State <b>Longwood, FL</b>
Zip <b>32708</b>	Zip <b>32708</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3618387</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired... <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MORGAN, MICHAEL T  
 796 AUSTIN COURT  
 WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent  
 Name **Morgan, Michal T. (same)**  
 Street Address (P.O. Box Number is Not Acceptable)  
**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 *Michael T Morgan* DATE 1/12/00  
Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MORGAN, MICHAEL                  796 AUSTIN COURT                  WINTER SPRINGS FL 32708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>LEGGETT, DAVID                  PO BOX 572                  GAINSBORO TN 38562</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: *Michael T Morgan* DATE 1/12/00 DAYTIME PHONE # (407) 831-1122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)