

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-13-2002 90096 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004737

1. Entity Name RCP Contracting, INC
1962 Corporate Sq
Longwood, FL 32750

DO NOT WRITE IN THIS SPACE

92162

2. Principal Place of Business

1962 Corporate Sq

Suite, Apt. #, etc.

3. Mailing Address

1962 Corporate Sq

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Longwood, FL

Zip

Country

32750City & State
Longwood, FL

Zip

Country

32750

4. FEI Number

393618387

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name Michael T. MorganStreet Address (P.O. Box Number is Not Acceptable)
796 Austin CourtCity Winter Spgs

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

[Signature]

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>PRESIDENT</u> <u>Leggett David</u> <u>P.O. Box 572</u> <u>Greensboro, TN</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary / Treasurer</u> <u>Morgan Michael T</u> <u>796 Austin Court</u> <u>Winter Spgs, FL 32708</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

Daytime Phone #

CR2E0348 (12/01)