

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000004737

1. Entity Name RCP Contracting, Inc
1962 Corporate Square
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 City & State Longwood, FL

Zip 32750 Country Country Zip 32750 Country

4. FEI Number 593618387 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Michael T. Morgan

Street Address (P.O. Box Number is Not Acceptable) 796 Austin Court

City 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] DATE 4/25/02

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

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>Spartanburg, 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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CR2E0348 (12/01)

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] DATE 4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR