

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90238 013 ***150.00

DOCUMENT # P00000015993

1. Entity Name

RAULERSON CONSTRUCTION CORP.

Principal Place of Business

**2708 E BLOOMINGDALE AVE
 VALRICO FL 33594**

Mailing Address

**2708 E BLOOMINGDALE AVE
 VALRICO FL 33594**

2. Principal Place of Business

3305 ASA Trail

3. Mailing Address

3305 ASA Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico FL

City & State

Valrico FL

4. FEI Number

59-3598291

Applied For

Not Applicable

Zip

33594

Country

Hillsborough

Zip

33594

Country

Hills

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RAULERSON, MARK
 2708 E BLOOMINGDALE AVE
 VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name **Mark E. Raulerson**

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

3305 ASA Trail

City

Valrico

FL

Zip Code

33594

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

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, 2002 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 **D** ☐ Delete
 NAME **RAULERSON, MARK**
 STREET ADDRESS **2708 E BLOOMINGDALE AVE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **Mark Raulerson**
 STREET ADDRESS **3305 ASA Trail**
 CITY-ST-ZIP **Valrico FL 33594**
 OF Address

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-02

813) 927

8344

CR2E034 (9/01)