

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90143 036 ***150.00

DOCUMENT # P00000053036

1. Entity Name

T & R CONSTRUCTION OF CENTRAL FL, INC.

Principal Place of Business

**2250 DUMAS DR
 DELTONA FL 32725**

Mailing Address

**2250 DUMAS DR
 DELTONA FL 32725**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3650208

Applied For

Not Applicable

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

**RAZZA, JUDI
 651 S VOLUSIA AVE
 ORANGE CITY FL 32763**

Name

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

549 N. Volusia Avenue

City

Orange City

FL

Zip Code

32763

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

Judi Raza, EA

(NOTE: Registered Agent signature required when reinstating)

1/17/02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KALAFUT, TIMOTHY**
 CITY-ST-ZIP **2250 DUMAS DR
 DELTONA FL 32725**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Kalafut, Yulandia L**
 CITY-ST-ZIP **2250 Dumas Drive
 Deltona, FL**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ROBAINA, ROBERTO**
 CITY-ST-ZIP **2181 BAY CT
 DELTONA FL 32738**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

Timothy Kalafut
TIMOTHY KALAFUT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2002

Date

**386-
 532-9331**

Daytime Phone #

CR2E034 (9/01)