

2002
2001 **UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 29, 2002 8:00 am
Secretary of State
09-29-2002 90001 031 ***158.75

DOCUMENT # P01000083567

1. Entity Name

REL Contractors, Inc.

Principal Place of Business

Mailing Address

15570 Enstrom Rd
Wellington, FL 33414

15570 Enstrom Rd
Wellington FL 33414

874120

2. Principal Place of Business

15570 Enstrom Rd
Suite, Apt. #, etc.

3. Mailing Address

15570 Enstrom Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wellington FL

City & State

Wellington FL

4. FEI Number

651156080

Applied For

Not Applicable

Zip

Country

33414 Palm Beach

Zip

Country

33414 Palm Beach

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~Lance Whitney~~ Neville Anderson
15570 Enstrom Rd
Wellington FL 33414

7. Name and Address of New Registered Agent

Name: Lance Whitney
Street Address (P.O. Box Number is Not Acceptable): 15570 Enstrom Rd
City: Wellington FL Zip Code: 33414

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: Lance Whitney P

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

(NOTE: Registered Agent signature required when reinstating)

8-30-02

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, 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	<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
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
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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 officers, empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lance Whitney P/D Lance Whitney 8-30-02 561-818-5104

Date

Daytime Phone #

CR2E034 (11/00)