

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90258 006 \*\*\*150.00

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**DOCUMENT # P01000095317**

1. Entity Name  
**RHODES CONSTRUCTION, INC.**

Principal Place of Business <b>421 WAKULLA SPRINGS RD.          CRAWFORDVILLE FL 32327</b>	Mailing Address <b>421 WAKULLA SPRINGS RD.          CRAWFORDVILLE FL 32327</b>
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2. Principal Place of Business <b>89 Blue Bird Ln</b>	3. Mailing Address <b>P.O. Box 1223</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Crawfordville, Fl.</b>	City & State <b>Woodville Fl.</b>	4. FEI Number <b>59-3739432</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32327</b>	Country <b>Wakulla</b>	Zip <b>32362</b>	Country <b>Flon</b>

6. Name and Address of Current Registered Agent <b>RHODES, JERRI          421 WAKULLA SPRINGS RD.          CRAWFORDVILLE FL 32327</b>	7. Name and Address of New Registered Agent Name <b>JERRI Rhodes</b> Street Address (P.O. Box Number is Not Acceptable) <b>89 Blue Bird Ln</b> City <b>Woodville</b> <b>FL</b> Zip Code <b>32362</b>
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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: Jerris Rhodes DATE: 4/31/02

Signature, typed or printed name of registered agent and title 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RHODES, JERRI 421 WAKULLA SPRINGS RD. CRAWFORDVILLE FL 32327</b>	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 like empowered.

SIGNATURE: Jerris Rhodes DATE: 4/31/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)