

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-18-2003 90209 040 ***150.00

DOCUMENT # P02000008028

1. Entity Name
R B K CONSTRUCTION, INC.



Principal Place of Business
~~18 RIVERVIEW LANE~~
~~COCOA BEACH FL 32904~~

Mailing Address
~~18 RIVERVIEW LANE~~
~~COCOA BEACH FL 32931~~



2. Principal Place of Business

265 South Orlando Ave
Suite, Apt. #, etc.

3. Mailing Address

265 South Orlando Ave
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

4. FEI Number

04-3597108

Applied For

☐ Not Applicable

Zip

32931

Country

Brevard

Zip

32931

Country

Brevard

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

KEISER, ROBERT B

~~18 RIVERVIEW LANE~~

~~COCOA BEACH FL 32904~~

Name

Keiser, Robert B

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

265 South Orlando Ave

City

Cocoa Beach

FL

Zip Code

32931

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Robert Keiser
265 S. Orlando Ave
Cocoa Beach, FL 32931

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-03 321-917-7581

Date

Daytime Phone

CP2E034 (10/02)