## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P02000064683

1. Entity Name

R. PETITPREN CONSTRUCTION INC.



## FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90175 019 \*\*\*150.00

				? <b>/</b>	
Principal Place of Business 172 NW LINCOLN CIR NORTH ST. PETE FL 33702		Mailing Address 172 NW LINCOLN CIR NORTH ST PETE FL 33702			
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2. Principal	Place of Business	2 Mailing Address			
_ innorpar	Tace of additions	3. Mailing Address		. continuent in marine mett mattit mattit mattit mattit mittit mittit mittit mittit mittit mittit mittit mittit	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Sta	ate	City & State		4. FE! Number	
Zip	Country	Zip ·	Country	5. Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Current F	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	
			Name	A STATE OF THE STA	
6. Name and Address of Current PETITPREN, RAY 172 NW LINCOLN CIR NORTH ST PETE FL 33702  8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE Signature, typed or printed name of registered agent  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of the company o			Street Address	s (P.O. Box Number is Not Acceptable)	
			Street Address	s (r.o. box inumber is not acceptable)	
ST PETE	FL 33702				
			City	FL Zip Code	
8. The above the obliga	e named entity submits this statement for titions of registered agent.	the purpose of changing it	s registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and acce	
SIGNATURE	Signature typed or printed name of registered agent at	d fitta if analisable (NO	tc p		
		to the II applicable. (NO	TE: Registered Agent signature requir	red when reinstating) DATE	
				9. Election Campaign Financing \$5.00 May Be	
Make Chec	k Payable to Florida Department of	State		Trust Fund Contribution. Added to Fees	
			11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE		☐ Delete	TITLE	<u></u>	
NAME			NAME	∐ Change ☐ Additi	
			STREET ADDRESS		
CITY-ST-ZIP	ST PETE FL 33702		CITY-ST-ZIP		
	T Incompany DAY	☐ Delete	TITLE	☐ Change ☐ Additi	
STREET ADDRESS	PETITPREN, RAY		NAME		
CITY-ST-ZIP	172 NW LINCOLN CIR NORTH ST PETE FL 33702		STREET ADDRESS		
TITLE	31 TETE TE 33/02		CITY-ST-ZIP		
NAME		Delete	NAME	Change	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	[] (No. 1)	
NAME	•		NAME	Change Addition	
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CITY-ST-ZiP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Additio	
NAME			NAME	, –	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE NAME		Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	ertify that the information supplied with th	is the second second	GITT-31-ZIP		

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 frue 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 by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATIVE REQUIRED

GNATURE AND TYPED OF PRINTED-YAME OF SIGNING OFFICER OF DIRECTE

6MAR 03 727-647. 2632