2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

7514 RIVER ROAD

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

CALLAHAN FL 32011

P02000069424 DOCUMENT

Country

6. Name and Address of Current Registered Agent

1. Entity Name

7514 RIVER ROAD

CALLAHAN FL 32011

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

BRESLIN, ROBERT F 7514 RIVER ROAD CALLAHAN FL 32011

the obligations of registered agent.

City & State

Zip

R F B CONSTRUCTION, INC.



FILED Mar 05, 2003 8:00 am § Secretary of State

Zip Code

		03-05-2003 90	0088 (J24 ***	150.00	
		☐ CHECK HERE IF		IG CHAN		
		4. FEI Number 043689505	سے	L	Applied For	
	<u></u>	04368450	<u> </u>		Not Applicable	
Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
		7. Name and Address of New Reg	gistered	Agent		
	Name ***	•	-	_		
	0	s (P.O. Box Number is Not Acceptable)				

SIGNATURE	Signature, typed or printed name of registered agent and title II app	licable. (NOTE: F	Registered Agent signal	ure required when rei	instating) DA	TE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRESLIN, ROBERT F 7514 RIVER ROAD CALLAHAN FL 32011	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Brestis 7514 R Callah	iver ed an, Fl. 32011	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
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TITLE Name Street adoress City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	☐ Addition		

City

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

12. 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.

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