

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91480 036 \*\*\*150.00

**DOCUMENT # P02000096518**

1. Entity Name  
**RHINO GRADING, INC.**



Principal Place of Business  
**7619 MCDANIEL DRIVE  
NORTH FORT MYERS FL 33917**

Mailing Address  
**7619 MCDANIEL DRIVE  
NORTH FORT MYERS FL 33917**

2. Principal Place of Business  
**3756 Hyde Park Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**3756 Hyde Park Drive**  
Suite, Apt. #, etc.

City & State  
**Fort Myers, FL**  
Zip  
**33905** Country  
**USA**

City & State  
**Fort Myers, FL**  
Zip  
**33905** Country  
**USA**

4. FEI Number  
**14-1844254**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**IRELAND, GARRY  
7619 MCDANIEL DRIVE  
NORTH FORT MYERS FL 33917**

**7. Name and Address of New Registered Agent**

Name  
**Ireland, Garry**  
Street Address (P.O. Box Number is Not Acceptable)  
**3756 Hyde Park Drive**  
City  
**Fort Myers** **FL** Zip Code  
**33905**

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	PD IRELAND, GARRY 7619 MCDANIEL DRIVE NORTH FORT MYERS FL 33917	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PORTER, JAMIE 773 JULY CIRCLE NORTH FORT MYERS FL 33903	<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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ireland Garry 3756 Hyde Park Drive Fort Myers, FL 33905	<input checked="" 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
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

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:** *Garry Ireland* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/25/03 (239) 340-5714**  
Date Daytime Phone #

CR2E034 (10/02)