

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000114951

1. Entity Name
R & B CONSTRUCTION OF NORTHWEST FL, INC.



FILED

04 FEB 13 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
495 LINKSIDE DRIVE
DESTIN, FL 32550

Mailing Address
495 LINKSIDE DRIVE
DESTIN, FL 32550

2. Principal Place of Business

3. Mailing Address

246 E. Shipwreck Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Santa Rosa Bxh, FL

Zip

Country

Zip

Country

32459

4. FEI Number

20-0301250

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent

WEIMORTS, MICHAEL L-ESQ
C/O WEIMORTS & WHITEHEAD, P.A.
4507 FURLING LANE STE 209
DESTIN, FL 32541

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$350.00
Amended UBR is \$81.25
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	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, BRANDON	
STREET ADDRESS	495 LINKSIDE DRIVE	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robertson, Brandon	
STREET ADDRESS	Same Address	
CITY-ST-ZIP		
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rollin Rockett, IV	
STREET ADDRESS	333W. Miracle Strip Pkwy.	
CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	246 E. Shipwreck Rd.	
STREET ADDRESS	Santa Rosa Beach, FL 32459	
CITY-ST-ZIP	Matt Rhoads	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 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: Brandon Robertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brandon Robertson, Pres.

Date

Daytime Phone #

CH2E034 (10/02)