## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** P02000126305

| Entity Name  RC LAND ENGINEERING AN |                     |  |  |
|-------------------------------------|---------------------|--|--|
| Principal Place of Business         | Mailing Address     |  |  |
| 203 KINSMEN DRIVE                   | 1203 KINSMEN DRIVE  |  |  |
| AUBURNDALE FL 33823                 | AUBURNDALE FL 33823 |  |  |
|                                     |                     |  |  |



04-14-2003 90053 010 \*\*\*150.00

|  |                                 |   |                                       |  |               | GOO WE THE            |                                 |  |                    |                          |                             |  |
|--|---------------------------------|---|---------------------------------------|--|---------------|-----------------------|---------------------------------|--|--------------------|--------------------------|-----------------------------|--|
| Principal Place of Business 1203 KINSMEN DRIVE AUBURNDALE FL 33823 |                                 |   | 1203                                  | Mailing Address 1203 KINSMEN DRIVE AUBURNDALE FL 33823 |               |                       |                                 | : 180/1881   11 <b>1</b> 0/18   10/1   00/12   |                    |                          | 1 <b>8:18:</b> 18:18: 1814  |  |
| 2. Principal Place of Business 3. Mailing Address                  |                                 |   |                                       |  |               |                       |                                 |  |                    |                          |                             |  |
| Suite, Apt. #, etc. S  |                                 |   |                                       | Suite, Apt. #, etc.                                    |               |                       | $\dashv$                        | ☐ CHECK HERE IF MAKING CHANGES                 |                    |                          |                             |  |
| City & State   |                                 |   | City                                  | City & State   |               |                       |                                 | FEI Number<br>56-230967                        |                    | <del> </del>             | oplied For<br>ot Applicable |  |
| Zip Country  |                                 |   | Zip                                   | Zip Country  |               |                       | 5 Certificate of Status Desired |  |                    | 3.75 Additional Required |                             |  |
| 6. Name and Address of Current Registered Agent                    |                                 |   |                                       | <u> </u>   |               | 7 1                   | Name and Address of New         |  |                    | <u> </u>                 |                             |  |
|  | o. Name                         | and Address of Co   | urrem negistere                       | a Agent  |               | Name                  | 7. (                            | Name and Address of New                        | negistered A       | gent                     |                             |  |
| CACULITA   | N, ROGER                        | L   | . م <del>وسیمونی پی</del> ن درست سرحت | والحوائلون الشاعد والمعيد الماد                        | · · ·         |                       | ss (P.O. E                      | Box Number is Not Acceptab                     | ole)               |                          |                             |  |
| 1203 KINS  | smen drive                      | 14  |                                       |  | -             |                       |                                 |  | ** **              |                          |                             |  |
| AUBURND  | ALE FL 338                      | 123   |                                       |  |               |                       |                                 |  |                    |                          |                             |  |
|  | kan<br>net −<br>net −           |   |                                       |  |               | City                  |                                 |  | FL                 | Zip Code                 |                             |  |
|  | named entity<br>ions of registe |   | ment for the purp                     | ose of changing its                                    | registere     | ed office or regis    | stered ag                       | ent, or both, in the State of F                | Florida. I am fa   | miliar with,             | and accept                  |  |
| SIGNATURE  | Signature, typed                | or printed name of registere                              | ed agent and title if app             | olicable. (NOT   | E: Registered | f Agent signature req | uired when re                   | einstating)                                    | DATE               |                          | <del></del>                 |  |
| After  | May 1, 200                      | ! FEE IS \$150.0<br>3 Fee will be \$5!<br>Florida Departm | 50.00                                 |  |               |                       |                                 | 9. Election Campaign f<br>Trust Fund Contribut |                    |                          | May Be                      |  |
|  |                                 | 15  | S AND DIRECTO                         | NDC  | 11.           |                       | ٨٢                              | L<br>DDITIONS/CHANGES TO OF                    | ELICEDS AND        | DIRECTOR!                | S IN 11                     |  |
| TITLE  | D                               | OFFICER   | S AND DIRECTO                         | Delete   | TITLE         |                       | AL.                             | DITIONS/CHANGES TO OF                          |                    | Change                   | Addition                    |  |
| NAME<br>STREET ADORESS<br>CITY-ST-ZIP                              | CACULITAI<br>1203 KINS          | N, ROGER L<br>MEN DRIVE<br>ALE FL 33823                   |                                       | □ Deiete   | NAME<br>STREE | I .                   |                                 |  |                    | onango                   |                             |  |
| TITLE  | AUDUNIND                        | MLE PL 33023  |                                       | ☐ Delete   | TITLE         | <u> </u>              |                                 |  |                    | ☐ Change                 | Addition                    |  |
| NAME   |                                 |   |                                       | □ Delete   | NAME          | l l                   |                                 |  |                    |                          |                             |  |
| STREET ADDRESS   |                                 |   |                                       |  |               | ET ADDRESS            |                                 |  |                    |                          |                             |  |
| CITY-ST-ZIP  |                                 |   |                                       |  | CITY-         | ST-ZIP                |                                 |  |                    |                          |                             |  |
| TITLE  |                                 |   |                                       | Delete   | TITLE         | I .                   |                                 |  |                    | Change                   | ☐ Addition                  |  |
| NAME   |                                 |   |                                       | و المسيد الدارسية ال                                   | NAME          | ET ADDRESS            |                                 | المراجعة                                       | سيدسم ويورث        |                          | _                           |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                      |                                 | •   |                                       |  |               | ST-ZIP                |                                 |  | مت يڪهد ڏختو سم    | . ~ 3****                |                             |  |
| TITLE  |                                 |   |                                       | Delete   | TITLE         |                       |                                 |  |                    | ☐ Change                 | ☐ Addition                  |  |
| NAME   |                                 |   |                                       |  | NAME          | l l                   |                                 |  |                    |                          | _                           |  |
| STREET ADDRESS   |                                 |   |                                       |  | STREE         | ET ADDRESS            |                                 |  |                    |                          |                             |  |
| CITY-ST-ZIP  |                                 |   |                                       |  | CITY-         | ST-ZIP                |                                 |  |                    |                          |                             |  |
| TITLE  |                                 |   |                                       | ☐ Delete   | TITLE         | l l                   |                                 |  |                    | ☐ Change                 | ☐ Addition                  |  |
| NAME   |                                 |   |                                       |  | NAME          |                       |                                 |  |                    |                          |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                      |                                 |   |                                       |  |               | ST-ZIP .              |                                 |  |                    |                          |                             |  |
|  |                                 |   |                                       | Г"] 6 ( )  | -             |                       |                                 |  |                    | ☐ Change                 | Addition                    |  |
| TITLE<br>NAME  |                                 |   |                                       | Delete   | TITLE         | I .                   |                                 |  |                    |                          | Addition                    |  |
| STREET ADDRESS   |                                 |   |                                       |  |               | ET ADDRESS            |                                 |  |                    |                          |                             |  |
| CITY-ST-ZIP  |                                 |   |                                       |  |               | ST-ZIP                |                                 |  |                    |                          | }                           |  |
| 12. I hereby /   | rertify that the                | information supplie                                       | ed with this filing                   | does not qualify for                                   | r the exer    | nntion stated in      | Section                         | 119.07(3)(i), Florida Statutes                 | s. I further certi | fv that the in           | nformation                  |  |

indicated on this report or supplied with this initing does not quality 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:

Placulite Region Coculitan, pros. 4/9/03