

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90023 033 ***158.75

DOCUMENT # P33315

1. Entity Name
R & R PRECISION CONSTRUCTION INC.

Principal Place of Business

Mailing Address

**SUWANNEE CIRCLE
 P.O. BOX 40
 OLD TOWN FL 32680**

**SUWANNEE CIRCLE
 P.O. BOX 40
 OLD TOWN FL 32680**

2. Principal Place of Business

3. Mailing Address

PO Box 40 Rt 349 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Old Town

City & State

City & State

FL

Zip

Country

Zip

Country

32680

Dixie

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIECHOCKI, ROBERT SR.

**~~SUWANNEE CIRCLE~~ 349 North
 BOX 40
 OLD TOWN FL 32680**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PIECHOCKI, RONALD M.	
STREET ADDRESS	COUNTY LINE ROAD	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	V	<input type="checkbox"/> Delete
NAME	PIECHOCKI, ROBERT, JR.	
STREET ADDRESS	558 WERNER RD.	
CITY-ST-ZIP	ATTICA NY 14011	
TITLE	S	<input type="checkbox"/> Delete
NAME	PIECHOCKI, ROBERT, SR.	
STREET ADDRESS	SUWANNEE CIRCLE, PO BOX 40	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIECHOCKI, SHARON M	
STREET ADDRESS	SUWANNEE CIRCLE P.O. BOX 40	
CITY-ST-ZIP	OLD TOWN FL 32680	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sharon M Piechocki**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)