| Transpil Place of Business THINDD ME THIND THIND ME THIND THIN THIND THIND THIND THIND | 2001 UNIFORM BUSIN OCUMENT # P920000 Entity Name R.L. HAINES CONSTRUCTION INC. | | RT (UBR) | Apr 25, Secret | 1LED 2001 8:0 ary of St 1 90246 001 ***30 | |
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| Cory & State | 30 university Pack Dr. Suite, Apt. #, etc. | Suite, Apt. #, etc. | ity Park Dr | : ISE(ISE) | (02115 00101 IIBUI IIBIU IEUUI U | |
| S. Name and Address of Current Registered Agent Name Nome Name | City & State Winter Park Horida Zip Country | City & State Winter Park Zip | Horidg Country | 5. Certificate of Status Desired | 5 N \$8.75 Ad Fee Require | ot Applicable ditional |
| Spraxe type optimistions of registred agent and site 1 applicables INCE: Preparement and spray resource when intending) DATE 1. This corporation is eligible to satisfy its intrangible Tax filing requirement and elects to do so. (See oriteria on back) Intel EMOV[!!] FEE IS \$150.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES AND DIRECTORS IN 11 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES AND DIRECTORS IN 11 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES AND DIRECTORS IN 11 1. FEE ADDRESS 077-51-2P 0 0 1. Charge Addition Make 0 0 1. Delete TTLE Make 0 0 0 1. Delete TTL | 667 HAROLD AVE WINTER PARK FL 32789 . The above named entity submits this statement for the information of t | | Strept Address 130 un Suite City | Nurshy Park Dr 125 Park, 71 ered agent, or both, in the State of F | FL Zin Cor Jorida. | ່ຳາວ |
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| ME REET ADDRESS Y-ST-ZIP A. 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. | (See criteria on back) | Make Check Payable RECTORS Delete Delete Delete | 1 Fee will be \$550.00 e to Department of St 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | ate Trust Fund Contribution | on. Adde | d to Fees |
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