

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000362

1. Entity Name

R. C. D. COMMERCIAL CONSTRUCTION CORPORATION

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90062 023 ***150.00

Principal Place of Business

2591 SE MARSEILLE ST
PORT ST LUCIE FL 34952
US

Mailing Address

PO BOX 7385
PORT ST LUCIE FL 34985
US

2. Principal Place of Business

1562 SE Village Green Dr.

3. Mailing Address

P.O. Box 7385

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 517

City & State

Pt St Lucie Fl

City & State

Pt St Lucie Fl.

Zip

34952

Country

St Lucie

Zip

34985

Country

St Lucie

6. Name and Address of Current Registered Agent

SEAL, HERBERT R
2591 SE MARSEILLE ST
PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0457609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

TITLE P ☐ Delete
NAME SEAL, HERBERT R
STREET ADDRESS 2591 SE MARSEILLE ST
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert Russell Seal

Date

4-19-01 561-337-2193

Daytime Phone #

CR2E034 (10/00)