

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000004374**

1. Entity Name

RATTLER CONSTRUCTION CONTRACTORS, INC.**FILED****May 15, 2000 8:00 am**
Secretary of State

05-15-2000 90200 025 ***150.00

Principal Place of Business

Mailing Address

7328 W. UNIVERSITY AVE.
SUITE A
GAINESVILLE FL 326077328 W. UNIVERSITY AVE.
SUITE A
GAINESVILLE FL 32607-5776

2. Principal Place of Business

3. Mailing Address

100 SW 75th St.

100 SW 75th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

204

City & State

City & State

Gainesville, FL

Gainesville, FL

4. FEI Number

65-0544808

Applied For

Not Applicable

Zip

Country

Zip

Country

32607

U.S.

32607

U.S.

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBER, CALVIN J
7328 W. UNIVERSITY AVE.
SUITE A
GAINESVILLE FL 32607

Name

Barber, Calvin J

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

100 SW 75th St.

Suite 204

City

Gainesville

FL

Zip Code

32607

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

Calvin J. Barber, President 4/28/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BARBER, CALVIN J
5250 SW 97TH DRIVE
GAINESVILLE FL 32608TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
CULLEY, JOSEPH A
1301 NW 31 DR
GAINESVILLE FL 32605TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FREEMAN, C R
105 NE 32 TERR
OCALA FL 34470TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JOHNSON, JENNY
PO BOX 344
WILLISTON FL 32696TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YOUNG, MICHAEL J
5950 SW 20TH AVE.
GAINESVILLE FL 32607TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Calvin J. Barber

Date

Daytime Phone #

4/28/00 352-332-8011

CR2E034 (9/99)