

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004374

1. Entity Name
RATTLER CONSTRUCTION CONTRACTORS, INC.

Principal Place of Business
100 SW 75TH ST
204
GAINESVILLE FL 32607

Mailing Address
100 SW 75TH ST
204
GAINESVILLE FL 32607

2. Principal Place of Business
12412 San Jose Blvd.

Suite, Apt. #, etc.
Ste 202

3. Mailing Address
12412 San Jose Blvd.

Suite, Apt. #, etc.
Ste 202

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32223

Zip
32223

Country

6. Name and Address of Current Registered Agent

BARBER, CALVIN J
100 SW 75TH ST
STE 204
GAINESVILLE FL 32607

Name
Calvin J. Barber

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

12412 San Jose Blvd.

Ste. 202

City
Jacksonville

FL
Zip Code
32223

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

Al. J. Barber

4-27-01

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 NAME STREET ADDRESS CITY-ST-ZIP | PD BARBER, CALVIN J 5250 SW 97TH DRIVE GAINESVILLE FL 32608 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Barber, Calvin J 389 Bell Branch Lane Jacksonville, FL 32259 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JOHNSON, JENNY PO BOX 344 WILLISTON FL 32696 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Johnson, Jerry 14161 NW 182nd Lane Flemington, FL 34479 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Freeman, Carlton R. 105 NE 32 Terrace Ocala, FL 34470 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Al. J. Barber* Calvin J. Barber 4-27-01 904-260-0216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (10/00)