

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90231 044 ***150.00

DOCUMENT # P95000004374

1. Entity Name

RATTLER CONSTRUCTION CONTRACTORS, INC.

Principal Place of Business

**12412 SAN JOSE BLVD.
 STE 202
 JACKSONVILLE FL 32223**

Mailing Address

**12412 SAN JOSE BLVD.
 STE 202
 JACKSONVILLE FL 32223**

2. Principal Place of Business

12412 SAN JOSE BLVD

3. Mailing Address

12412 SAN JOSE BLVD

Suite, Apt. #, etc.

STE 202

Suite, Apt. #, etc.

STE 202

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32223

Country

Zip

32223

Country

4. FEI Number

65-0544808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BARBER, CALVIN J
 12412 SAN JOSE BLVD.
 STE 202
 JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-02

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, 2002 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	<input type="checkbox"/> Delete
NAME	BARBER, CALVIN J	
STREET ADDRESS	389 BELL BRANCH LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JERRY	
STREET ADDRESS	14161 NW 182ND LANE	
CITY-ST-ZIP	FLEMINGTON FL 34479	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, CARLTON R	
STREET ADDRESS	105 NE 32 TERRACE	
CITY-ST-ZIP	OCALA FL 34470	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBER, KAREN A.	
STREET ADDRESS	389 BELL BRANCH LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02 904-260-0210

CR2E034 (9/01)