

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035425

1. Entity Name

R B CONTRACTING OF VERO, INC.

Principal Place of Business

6535 5TH ST.
VERO BEACH FL 32968

Mailing Address.

6535 5TH ST.
VERO BEACH FL 32968

2. Principal Place of Business

1680 OLD DIXIE HWY
Suite, Apt. #, etc.

3. Mailing Address

1680 OLD DIXIE HWY.
Suite, Apt. #, etc.

City & State
VERO BEACH, FL

Zip
32960

Country
INDIAN RIVER

City & State
VERO BEACH, FL

Zip
32960

Country
USA

4. FEI Number 65-0581458

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLACK, RICHARD L
6535 5TH ST.
VERO BEACH FL 32968

7. Name and Address of New Registered Agent

Name BLACK, RICHARD L.
Street Address (P.O. Box Number is Not Acceptable)
1680 OLD DIXIE HWY.
City VERO BEACH FL Zip Code 32960

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

(NOTE: Registered Agent signature required when reinstating)

4/25/01
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	D	<input type="checkbox"/> Delete
NAME	BLACK, RICHARD L	
STREET ADDRESS	6535 5TH ST.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, KIMBERLY	
STREET ADDRESS	6535 5TH ST.	
CITY-ST-ZIP	VERO BEACH FL	
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		
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	<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	

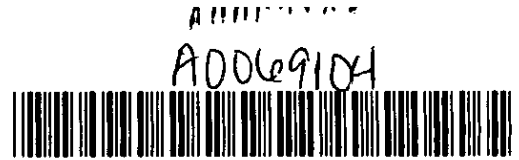
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: KIM BLACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 581589 8433
Date Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90357 047 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)