2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P95000085938** Jun 05, 2000 8:00 am 1. Entity Name **Secretary of State** RHINO CONSTRUCTION, INC. 06-05-2000 90025 025 ***150.00 Principal Place of Business Mailing Address 4041 MARITIME BLVD 4041 MARITIME BLVD TAMPA FL 33605-6849 TAMPA FL 33605 2. Principal Place of Business 3. Mailing Address 2421-N. VALRICO RO 2421-N. VALERICO RO Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3342438 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALDRIDGE, PAUL M JR Street Address (P.O. Box Number is Not Acceptable) 4041 MARITIME BLVD. **TAMPA FL 33605** Zip Code 8. The above named entity actingts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) RESIDENT FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE ALDRIDGE, PAUL M SR. NAME NAME 2421-N, VALEICO RO. STREET ADDRESS STREET ADDRESS 4041 MARITIME BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33605 Addition ☐ Delete TITLE. ALDRIDGE, SANDRA L NAME NAME STREET ADDRESS STREET ADDRESS 2421 N VALRICO RD CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 ☐ Change TITLE ☐ Delete TITLE ALDRIDGE, PAUL M JR. NAME NAME STREET ADDRESS STREET ADDRESS 2421 N VALRICO RD CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 ☐ Change Addition ☐ Delete TITLE TITLE NAME BROWN, ALLISON M NAME STREET ADDRESS STREET ADDRESS 17 BELMONT DR CITY-ST-ZIP CITY-ST-ZIP HOCKESSIN DE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

PRESIDEA