

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000007643**

1. Entity Name

R+A BUILDERS, INC

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 28 PM 3:28

Principal Place of Business Mailing Address
2400 SE MIDPORT RD **SAME**
Suite 210

PORT ST LUCIE, FL 34952

2. Principal Place of Business 3. Mailing Address
2400 SE MIDPORT RD **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.
210

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
PORT ST LUCIE, FL **65 0658653** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **X** \$8.75 Additional Fee Required
34952 ST LUCIE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD S BROWN
567 RAYN AVE
PORT ST LUCIE, FL 34953

Name **ROSE CORSO**
Street Address (P.O. Box Number is Not Acceptable)
3445-
SE HART CL.
City **PORT ST LUCIE, FL** Zip Code **34984**

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

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 **Pres** **RICHARD S BROWN** ☐ Delete
NAME
STREET ADDRESS **567 RAYN. AVE**
CITY-ST-ZIP **PORT ST LUCIE, FL 34953**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ROSE CORSO**
STREET ADDRESS **3445 SE HART CL.**
CITY-ST-ZIP **PORT ST LUCIE, FL 34984**

TITLE **V.P.** **ALBERT M. CORSO** ☐ Delete
NAME
STREET ADDRESS **3445 SE HART CL.**
CITY-ST-ZIP **PORT ST LUCIE, FL 34984**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Delete
NAME **ROSE CORSO**
STREET ADDRESS **3445 SE HART CL.**
CITY-ST-ZIP **PORT ST LUCIE, FL 34984**

TITLE ☐ Change ☐ Addition
NAME **800004466878-0**
STREET ADDRESS **-07/10/01--01021--029**
CITY-ST-ZIP ******158.75 ****158.75**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

Date

Daytime Phone #

CR2E034 (11/00)

SP