2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

STANKUNAS CONCE



FILED Mar 04, 2003 8:00 am Secretary of State

03-04-2003 90079 016 ***150.00

P96000013289	THE
RETE PUMPING, INC.	

Principal Place of Business 2425 NE 19TH DRIVE GAINESVILLE FL 32609 US

Mailing Address

2531-B NW 41 STREET

STE. B

GAINESVILLE FL 32606



2. Principal Place of Business 2531-B NW 4/ Sheet 3. Mailing Address 2531-B NW 4/ Street Suite Apt. #, etc.										
		Suite, Apt. #, etc.	•		□ СНЕСК НЕ	RE IF MAKIN	NG CHANGE	:S		
Aty & Sta	esville, FL	Gaines vil			4. FEI Number 59-33713	20		Applied For Not Applicable		
3260	6. Name and Address of Current R	32406	Country, Alachua		5. Certificate of Status Desire	_	\$8.75 A Fee Requi	dditional		
	or rising and Address of Current A	egistered Agent	Name	₹;	7. Name and Address of Nev	v Registered	d Agent			
STANKUNAS, FRANK L				Stroot Address (DO D. N						
1436 N W 100TH TERRACE			- Street /	Street Address (P.O. Box Number is Not Acceptable)						
GAINESV	LLE FL 32606									
:	•		City			FI	Zip Co	de		
8. The above	named entity submits this statement for ti	ne purpose of changing its	registered office of	r registere	ed agent, or both, in the State of	Florida. I an	n familiar with	and accept		
ine obligat	ions or registered agent,							ii and accept		
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable (NOTE	Registered Agent signa							
F	ILE NOW!!! FEE IS \$150.00	(NOTE:	Trogistated Agent signa	rote tedrited A	when reinstating)	DATE	_			
After Make Check	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of S				9. Election Campaign Trust Fund Contribu	Financing tion. (\$5.0 Adde	00 May Be ed to Fees		
10.	OFFICERS AND DII		11.		ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTOR	RS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STANKUNAS, FRANK 2425 NE 19TH DRIVE GAINESVILLE FL 32609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		531-BNW.41	,	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		nancial OFFICE OF LOWER 31-B NWHI ST	er reet	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***************************************	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			32600 veet 2606	☐ Change	Addition		
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VAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Change	Addition		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #