

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029182

1. Entity Name

R & R CONSTRUCTION OF DEFUNIAK SPRINGS INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90032 034 ***550.00

Principal Place of Business

3094 CORBIN-GAINEY ROAD
 DEFUNIAK SPRINGS FL 32433

Mailing Address

3094 CORBIN-GAINEY ROAD
 DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3173597**

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

INFINGER, RICKY D
 3094 CORBIN-GAINEY ROAD
 DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name Ricky D. Infinger

Street Address (P.O. Box Number is Not Acceptable)

3094 CORBIN-GAINEY ROAD

City DEFUNIAK SPRINGS

FL

Zip Code 32433

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

Ricky D. Infinger

Ricky D. Infinger

7-10-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	INFINGER, RICKY D	
STREET ADDRESS	3094 CORBIN-GAINEY ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	INFINGER, VIRGINIA	
STREET ADDRESS	3094 CORBIN-GAINEY ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	V	<input type="checkbox"/> Delete
NAME	INFINGER, RANDY	
STREET ADDRESS	3094 CORBIN-GAINEY RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Correct Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	is Ricky D	
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:

Ricky D. Infinger

7-10-00

888-892-5560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)