

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90175 029 ***150.00

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DOCUMENT # P96000070122

1. Entity Name

RDC DEVELOPMENT, INC.

Principal Place of Business

**1445 BALMY BEACH DR
 APOPKA FL 32703
 US**

Mailing Address

**1445 BALMY BEACH DR
 APOPKA FL 32703
 US**



2. Principal Place of Business

**16560 HUTCHENSON RD.
 Suite, Apt. #, etc.**

3. Mailing Address

**16560 HUTCHENSON RD.
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

ODESSA, FL

City & State

ODESSA, FL

4. FEI Number

65-0693877

Applied For

☐ Not Applicable

Zip

33556

Country

US

Zip

33556

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CARLSON, RICHARD D
 1445 BALMY BEACH DR
 APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name

CARLSON, RICHARD D

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

16560 HUTCHENSON RD.

City

ODESSA

FL

Zip Code

33556

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 CARLSON, PRES.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/02

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, 2002 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 **P** ☐ Delete
 NAME **CARLSON, RICHARD D**
 STREET ADDRESS **1445 BALMY BEACH DR**
 CITY-ST-ZIP **APOPKA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **RICHARD CARLSON**
 STREET ADDRESS **16560 HUTCHENSON RD.**
 CITY-ST-ZIP **ODESSA, FL 33556**

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD CARLSON, PRES.

Date

1/24/02 407-523-2824

Daytime Phone #

CP2E034 (9/01)