

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102789

1. Entity Name:

RAPID FIRE CONSTRUCTION, INC.

**FILED**  
May 25, 2001 8:00 am  
Secretary of State

05-25-2001 90286 012 \*\*\*550.00

0456620

Principal Place of Business

P.O. BOX 0627  
WHITEHOUSE FL 32220

Mailing Address

P.O. BOX 0627  
WHITEHOUSE FL 32220

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2. Principal Place of Business

9189 Old Plank Rd  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 0627  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jax. Fla.

City & State

Whitehouse Fl. 32220

4. FEI Number 59-3416641

Applied For

Not Applicable

Zip

32215

Country

06VRL

Zip

32220

Country

06VRL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, HAROLD C III  
9189 OLD PLANK ROAD  
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *Harold C Hubbard III*  
Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating

DATE

5/22/01

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

TITLE D ☐ Delete  
NAME HUBBARD, HAROLD C III  
STREET ADDRESS P.O. BOX 0627  
CITY-ST-ZIP WHITEHOUSE FL 32220

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: *Harold C Hubbard III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/01  
Date

904.781.5511  
Daytime Phone #

CR2E034 (10/00)