

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024866

1. Entity Name
RIMSHOT CONSTRUCTION, INC.



Principal Place of Business
200 CAPRI ISLES BLVD
VENICE FL 34292

Mailing Address
200 CAPRI ISLES BLVD
VENICE FL 34292

2. Principal Place of Business

3. Mailing Address

802 Pinebrook RD

802 Pinebrook RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Venice, FL

City & State
Venice, FL

Zip
34292

Country

Zip
34292

Country

4. FEI Number 59-3434720

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORZILIUS, ERIK V
743 SHAMROCK BLVD
VENICE FL 34293

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WILD, ERIC A
STREET ADDRESS 200 CAPRI ISLES BLVD 802 Pinebrook RD
CITY-ST-ZIP VENICE FL 34292 Venice, FL 34292

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RECORDED WILD

3/27/03

941 484-8670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)