## 2002 Uniform Business Report (UBR)

changed, or on an attachment

SIGNATURE: .

## Mar 26, 2002 8:00 am § Secretary of State P97000039295 DOCUMENT # R & T CONSTRUCTION MANAGEMENT, INC. 03-26-2002 90049 041 \*\*\*150.00 Principal Place of Business Mailing Address 3104 NORTH CANAL DRIVE 3104 NORTH CANAL DRIVE PALM HARBOR FL 34684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3447107 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIENTA. ROBERT J Street Address (P.O. Box Number is Not Acceptable) 3104 NORTH CANAL DRIVE PALM HARBOR FL 34684 City Zip Code FL .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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (9/01 Change PIENTA, ROBERT J NAME NAME 3104 NORTH CANAL DRIVE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP CITY-ST-ZIP TITLE .... Delete TITLE Change ☐ Addition Pierta, tina NAME NAME 3104 NORTH CANAL DRIVE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED**