

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 8:00 am**
Secretary of State

04-17-2001 90025 007 ***150.00

DOCUMENT # P98000026075

1. Entity Name

R.D.C. CONTRACTING, INC.

Principal Place of Business

**4444 MERRIMAC AVENUE
JACKSONVILLE FL 32210**

Mailing Address

**4444 MERRIMAC AVENUE
JACKSONVILLE FL 32210**

2. Principal Place of Business

4127 ARCOT CIR
Suite, Apt. #, etc.

3. Mailing Address

4127 ARCOT CIR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3520997

Applied For

Not Applicable

Zip

Country

32210**FL**

Zip

Country

32210**FL**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

**COOK, ROGER
4127 ARCOT CIRCLE
JACKSONVILLE FL 32210**

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D COOK, ROGER 4127 ARCOT CIRCLE JACKSONVILLE FL 32210	
D COOK, DIANE 4127 ARCOT CIRCLE JACKSONVILLE FL 32210	
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

DIANA COOK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-14-01

Daytime Phone #

904-509-9240

CR2E034 (10/00)