

2002 UNIFORM BUSINESS REPORT (UBR)

\$150.00

0024858 AV

DOCUMENT # **P98000026075**

1. Entity Name
R.D.C. CONTRACTING, INC.

FILED

02 APR 18 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4127 ARCOT CIR
JACKSONVILLE FL 32210**

Mailing Address
**4127 ARCOT CIR
JACKSONVILLE FL 32210**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3520997**

Applied For
Not Applicable

Zip Country

Zip Country

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 _____ DATE _____
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

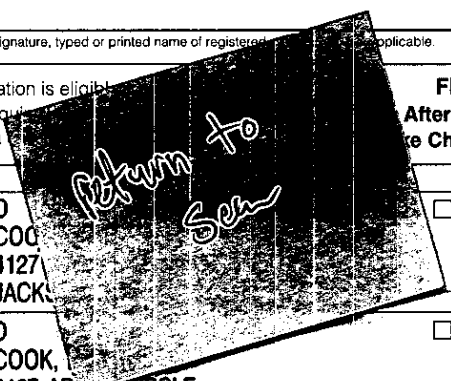
9. This corporation is eligible for the Small Business Tax filing requirement (See criteria)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	700005393487--6		
CITY-ST-ZIP	-04/30/02--01060--024		
	****200.00 ****150.00		
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: Diana Cook **DIANA COOK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02 904-779-6432
Date Daytime Phone #

CR2E034 (9/01)

**FILE TO RENEW NOW:
FICTITIOUS NAME WILL EXPIRE ON 12/31/02**

KATHERINE HARRIS
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPLICATION FOR RENEWAL OF FICTITIOUS NAME

REGISTRATION # **G97071000167**

1. Name and Mailing Address

004677 AV **AUTO HS 1 0606 32210-511727



R. D. C. CONTRACTING
4127 ARCOT CIRCLE
JACKSONVILLE FL 32210-5117

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.



70023

G97071000167

3. FEI Number	5. County of Principal Place of Business DUVAL
59-3620997	
4. Date Registered 03/12/1997	6. Certificate of Status Desired <input type="checkbox"/> \$10 Additional Fee Required

2. Mailing Address change if applicable:

Suite, Apt. #, etc.

City State Zip Code

**AN OWNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

7. CURRENT OWNER (S)		8. ADDITIONS / CHANGES TO OWNERS	
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE COOK ROGER D 4127 ARCOT CIRCLE JACKSONVILLE FL 32210	DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE COOK DIANA L 4127 ARCOT CIRCLE JACKSONVILLE FL 32210	DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition G02120900142--6 -04/30/02--01060--024 ****200.00
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR4E003 9/01

9. I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. I further certify that the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. (At least one signature required)

Diana Cook 1-4-02 Signature of Owner Date
Daytime Phone Number: 904-779-6432

Roger Cook 4-11-02 Signature of Owner Date
Daytime Phone Number: 904-779-6432