## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P99000013925 1. Entity Name Richardson & Associates Construction 05-15-2001 90177 031 \*\*\*150.00 Company, Inc. Principal Place of Business Mailing Address 3201 S. Florida Ave. 3201 S. Florida Ave. Lakeland, FL 33803-4563 Lakeland, FL 33803-4563 ·WAADLTDJ 2. Principal Place of Business 3. Mailing Address 3147 Galloway Oaks PO Box 841 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Lakeland, FL Highland City, FL 59-3553701 Not Applicable Zip 33810 Country Country \$8.75 Additional 5. Certificate of Status Desired USÁ 33846 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ronald E. Richardson Street Address (P.O. Box Number is Not Acceptable) 3201 S. Florida Ave. Lakeland, FL 33803-4563 Galloway Oaks Lakeland, red entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above na (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P/S ☐ Delete TITLE Change Addition NAME Richardson, Ronald E. STREET ADDRESS STREET ADDRESS 3147 Galloway Oaks 3201 S. Florida Ave. CITY-ST-7IP CITY-ST-ZIP Lakeland, FL 33810 Lakeland, FL 33803-4563 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition 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-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: Y COMMINION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/00)