

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90220 041 \*\*\*150.00

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**DOCUMENT # P99000044315**

1. Entity Name  
**RCS CONSTRUCTION, INC.**



Principal Place of Business  
**34050 WASHINGTON AVE.  
LEESBURG FL 34788**

Mailing Address  
**PO BOX 1724  
TAVARES FL 32778**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**39615 CR 452**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Leesburg, FL**

City & State

4. FEI Number **59-3576885**

Applied For  
Not Applicable

Zip **34788**

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

**SEMONASKY, RICHARD C JR.  
1613 TUDOR LANE  
TAVARES FL 32778**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**39615 CR 452**

City **Leesburg, FL** Zip Code **34788**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SEMONASKY, RICHARD C JR.	34050 WASHINGTON AVE.	LEESBURG FL 34788	<input type="checkbox"/>
D	SEMONASKY, JANEL K	34050 WASHINGTON AVE.	LEESBURG FL 34788	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 REQUIRED** **2-20-03 (352) 771-0089**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)