

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055514

1. Entity Name

R.C.D. INSTALL SERVICES, INC.

Principal Place of Business

802 RICHMOND AVENUE
LEHIGH ACRES FL 33972

Mailing Address

802 RICHMOND AVENUE
LEHIGH ACRES FL 33972

2. Principal Place of Business

802 Richmond Av N

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

City & State

Same

Zip

33972

Country

U.S.

Zip

33972

Country

4. FEI Number

65-0928996

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Russell C. Davis

4/11/01

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 PSTD
NAME DAVIS, RUSSELL C.
STREET ADDRESS 802 RICHMOND AVENUE
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete

TITLE PSTD
NAME DAVIS, RUSSELL C.
STREET ADDRESS 802 RICHMOND AVE. N.
CITY-ST-ZIP LEHIGH ACRES, FL, 33972 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Russell C. Davis

RUSSELL C. DAVIS (PRES)

4/11/01

941-470-3904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90180 026 ***158.75



DO NOT WRITE IN THIS SPACE