2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000091602 1. Entity Name



FILED Sep 15, 2000 8:00 am Secretary of State

09-15-2000 90006 028 ***550.00

RODNEY	PEARCE	CONSTRUCTION,	INC.
•			

Principal Place of Business 3610 S.W. 4TH AVE

OCALA FL 34474

Mailing Address

3610 S.W. 4TH AVE OCALA FL 34474

2. Principal Place of Business 3610 S.W. 4+h Ave.	3. Mailing Address 3610 SW 4th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



City & State Country Street Address of Status Desired Registered Agent 7. Name and Address of New Registered Agent ACKERMAN, CATHERINE F 3610 S.W. 4TH AVE OCALA FL 34474 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Supanne, typed or protect name of registered agent and steel it applicable. (NOTE Registered Agent speaker and apent speaker and steel it applicable. (NOTE Registered Agent speaker and apent speaker and steel it applicable. (NOTE Registered Agent speaker and speaker and steel it applicable. (NOTE Registered Agent speaker and speaker and steel it applicable. (NOTE Registered Agent and seel agent, or both, in the State of Florida. SIGNATURE Supanne, typed or protect name of registered agent and steel it applicable. (NOTE Registered Agent speaker and speaker and seel speaker and speaker and speaker and speaker and seel agent, or both, in the State of Florida. SIGNATURE Supanne, typed or protect name of registered agent and steel it applicable. (NOTE Registered Agent and seel agent, or both, in the State of Florida. SIGNATURE Supanne, typed or protect name of registered agent and steel it applicable. (NOTE Registered Agent and seel agent, or both, in the State of Florida. SIGNATURE Supanne, typed or protect name of registered agent and steel it applicable. (NOTE Registered Agent and seel agent, or both, in the State of Florida. SIGNATURE Supanne, typed or protect name of registered agent and steel it applicable. (NOTE Registered Agent and seel agent, or both, in the State of Florida. SIGNATURE Supanne, typed or protect name of registered Agent Ackerman, Carterian and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DATE. 10. Election Campaign Financing Trust Fund Conthibution. Ackerman Agent and seels to do so.
SIGNATURE Signature. Typed or purace name of registered agent and titled if applicables. (NOTE Registered Agent signature required when received agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (NOTE Requirement and elects to do so. (NOTE Requirement and elects to do so.) (NOTE Requirement and elective or registered agent, or both, in the State of Florida. 2. DATE 10. Election Campaign Financing Agent alignature requirement and elective for peace agent, or both, in the State of Florida. 11. Election Campaign Financing Agent alignature requirement and elective for peace agent, or both, in the State of Florida. 12. Election Campaign Financing Agent alignature requirement and elective for
ACKERMAN, CATHERINE F 3610 S.W. 4TH AVE OCALA FL 34474 City 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 reimstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) DFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPEARCE, RODNEY K 3610 S.W. 4TH AVE OCALA FL 34474 TITLE D Delete TITLE NAME PEARCE, WANDA S 3610 S.W. 4TH AVE OCALA FL 34474 TITLE D Delete TITLE NAME PEARCE, WANDA S 3610 S.W. 4TH AVE OCALA FL 34474 TITLE D Change Addition Additi
ACKERMAN, CATHERINE F 3610 S.W. 4TH AVE OCALA FL 34474 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 praied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reintating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PEARCE, RODNEY K 3610 S.W. 4TH AVE OCALA FL 34474 TITLE D Delete TITLE D Delete TITLE D Delete TITLE D Delete TITLE D Delete TITLE D Delete TITLE D Delete TITLE D Change Addition Addi
3610 S.W. 4TH AVE OCALA FL 34474 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
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 the if applicable.
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or purised name of registered agent and the if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D Change Addition City FL Zip Code FL City FL
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, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) The september of State
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) The september of State
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME PEARCE, RODNEY K STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D D Delete TITLE D TITLE D TITLE D Delete TITLE D Delete TITLE D T TAXAGRITING TRANSMEN Addition
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME PEARCE, RODNEY K STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D D Delete TITLE D TITLE D TITLE D Delete TITLE D Delete TITLE D T TAXAGRITING TRANSMEN Addition
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME PEARCE, RODNEY K STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D Delete D Delete Title D Delete Title D Delete Title NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D Delete Title D Delete Title D Delete Title NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D Delete Title D Delete Title NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D Delete Title D Change Addition After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State TITLE D Change Addition Addition After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State TITLE D Change Addition Addition Addition After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State TITLE D Change Addition Addition
Tax filing requirement and elects to do so. (See criteria on back) After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D PEARCE, RODNEY K STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE D Change Addition Addition Addition Addition Addition Addition Addition Addition Change Addition Addition Addition After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Trust Fund Contribution. Addition Addition Trust Fund Contribution. Trust Fund Contribution. Addition Addition Addition Trust Fund Contribution. Trust Fund Contribution. Addition Addition Trust Fund Contribution. Trust Fund Contribution. Addition Trust Fund Contribution. Addition Trust Fund Contribution. Addition Trust Fund Contribution. Addition Trust Fund Contribution. Trust Fund Contribution. Addition Trust Fund Contribution. Trust Fund Contri
Tax filing requirement and elects to do so. (See criteria on back) After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D PEARCE, RODNEY K STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D Delete TITLE NAME PEARCE, WANDA S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D Delete TITLE D Change Addition Added to Fees Trust Fund Contribution. Added to Fees
TITLE D Delete TITLE STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D D Delete TITLE D Change Addition NAME PEARCE, WANDA S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE D D Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE D D DELET NAME STREET ADDRESS CITY-ST-ZIP
TITLE D Delete TITLE PEARCE, ROONEY K STREET ADDRESS CITY-ST-ZIP TITLE D D Delete TITLE THLE D D Delete TITLE NAME PEARCE, WANDA S STREET ADDRESS CITY-ST-ZIP TITLE D CALA FL 34474 TITLE D CALA FL 34474 TITLE D Change Addition Addition
NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE PEARCE, RODNEY K 3610 S.W. 4TH AVE OCALA FL 34474 TITLE D Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE OCALA FL 34474 TITLE D Delete TITLE D TITLE TITLE D TITLE D TITLE TITLE D TITLE TITLE TITLE D TITLE
NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE NAME PEARCE, WANDA S STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D D Delete NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D Delete D Delete TITLE D DELET D DELET DELET DELET DELET DELET D DELET DELET DELET D DELET DELET D DELET D DELET D DELET D D D D D D D D D D D D D D D D D D D
STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP
TITLE D Delete TITLE NAME PEARCE, WANDA S STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D Delete TITLE D Change Addition
NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change TITLE D Change TITLE
STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 TITLE D STREET ADDRESS CITY-ST-ZIP TITLE D STREET ADDRESS CITY-ST-ZIP TITLE Change Addition
CITY-ST-ZIP OCALA FL 34474 TITLE D D Delete TITLE
TITLE D D Delete TITLE Change Addition
NAME - FEKETE, DAVE NAME AUSTIN PEACLE
NAME - FEKETE, DAVE
CITY-ST-ZIP OCALA FL 34474 CITY-ST-ZIP OCALA, FL 34474
TITLE Change Addition
NAME Jennifer Pearce STREET ADDRESS 3610 SW 4th Ave
STREET ADDRESS 3610 SW 4th Ave
CITY-ST-ZIP Ocala FL 34474
TITLE Delete TITLE Change Addition
NAME 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-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 supplement of the corporation or the receiver or ty on 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

SIGNATURE:

Daytime Phone #