

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091602

1. Entity Name

RODNEY PEARCE CONSTRUCTION, INC.



FILED

Sep 15, 2000 8:00 am  
Secretary of State

09-15-2000 90006 028 \*\*\*550.00

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. 4th Ave.

3. Mailing Address

3610 SW 4th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

34474

USA

Zip

Country

34474

USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ACKERMAN, CATHERINE F  
3610 S.W. 4TH AVE  
OCALA FL 34474

7. Name and Address of New Registered Agent

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE D ☐ Delete  
NAME PEARCE, RODNEY K  
STREET ADDRESS 3610 S.W. 4TH AVE  
CITY-ST-ZIP Ocala FL 34474

TITLE D ☐ Delete  
NAME PEARCE, WANDA S  
STREET ADDRESS 3610 S.W. 4TH AVE  
CITY-ST-ZIP Ocala FL 34474

TITLE D ☒ Delete  
NAME FEKETE, DAVE  
STREET ADDRESS 3610 S.W. 4TH AVE  
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition  
NAME Austin Pearce  
STREET ADDRESS 3610 SW 4th Ave  
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Change ☒ Addition  
NAME Jennifer Pearce  
STREET ADDRESS 3610 SW 4th Ave  
CITY-ST-ZIP Ocala, FL 34474

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Rodney Pearce*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)