

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000099713**1. Entity Name
DAVID A. RANCOURT, INC.**Principal Place of Business**

4562 HILLWOOD WAY

TALLAHASSEE
32308

FL

Mailing Address

4562 HILLWOOD WAY

TALLAHASSEE
32308

FL

2. Principal Place of Business

400 NORTH MERIDIAN STREET

3. Mailing Address

P.O. BOX 10570

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE

FL

City & State

TALLAHASSEE

FL

4. FEI Number**59-3608381****Applied For**☐ Not ApplicableZip
32301

Country

Zip
32302

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**RANCOURT DAVID A
4562 HILLWOOD WAYTALLAHASSEE
32308

FL

US

7. Name and Address of New Registered Agent**Name**

RANCOURT DAVID A

Street Address (P.O. Box Number is Not Acceptable)
400 NORTH MERIDIAN STREETCity
TALLAHASSEE

FL

Zip Code
32301

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 **DAVID A. RANCOURT****01/28/2001**

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**TITLE PVTs ☐ Delete
NAME RANCOURT DAVID A
STREET ADDRESS 4562 HILLWOOD WAY
CITY-ST-ZIP TALLAHASSEE FL 32308TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PVTs ☒ Change ☐ Addition
NAME RANCOURT DAVID A
STREET ADDRESS P.O. BOX 10570
CITY-ST-ZIP TALLAHASSEE FL 32302TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: DAVID A. RANCOURT

PVTs

01/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)