

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-04-2001 90012 048 ***150.00

DOCUMENT # P99000107714

1. Entity Name

R.F. RINKER, INC.

Principal Place of Business

Mailing Address

**1298 S.W. CEDAR COVE
PORT SAINT LUCIE FL 34986****1298 S.W. CEDAR COVE
PORT SAINT LUCIE FL 34986**

2. Principal Place of Business

3. Mailing Address

1009 Aspi Way**← Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

n/a**n/a**

City & State

City & State

Palm Bch Gardens, FL**Florida**

4. FEI Number

Applied For

65-0969811

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

Zip

Country

Zip

Country

33418**USA****33418****USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RINKER, RICHARD
1298 S.W. CEDAR COVE
PORT SAINT LUCIE FL 34986**

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

Richard Rinker

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/20019. 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	D	<input type="checkbox"/> Delete
NAME	RINKER, RICHARD	
STREET ADDRESS	1298 S.W. CEDAR COVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	

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

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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: *Richard Rinker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2001

Date

(561) 364-0951

Daytime Phone #

CR2E034 (10/00)