

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90396 034 ***150.00

0365121 AV

DOCUMENT # P99000107714

1. Entity Name

R.F. RINKER, INC.

Principal Place of Business

**1009 ASPRI WAY
 WEST PALM BEACH FL 33418**

Mailing Address

**1009 ASPRI WAY
 WEST PALM BEACH FL 33418**

2. Principal Place of Business

1009 Aspri Way

3. Mailing Address

P.O. Box 2304

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Beach Gardens, FL

City & State

Jupiter, FL

4. FEI Number

65-0969811

Applied For

Not Applicable

Zip

33418

Country

USA

Zip

33468

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Current Agent**
 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 **Not changing anything - see above**

Signature, typed or printed name of registered agent and title if applicable.

(If not, 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, 2002 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 **D** ☐ Delete
 NAME **RINKER, RICHARD**
 STREET ADDRESS **1298 S.W. CEDAR COVE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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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
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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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02 (561) 364-0951
 Date Daytime Phone #

CR2E034 (9/01)