2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State
03-09-2001 90489 008 ***150.00

037958

DOCUMENT # S91885

1. Entity Name
TIM RINER CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
110 REFLECTIONS BLVD AUBURNDALE FL 33823 US	110 REFLECTIONS BLVD. AUBURNDALE FL 33823 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
211 Howard St	211 Howard St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Auburndale, FL	City & State: Auburndale Fl
Zip: 33823 / Country: USA	Zip: 33823 / Country: USA

4. FEI Number 59-3085865 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RINER, TIM 110 REFLECTIONS BLVD. AUBURNDALE FL 33823	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 $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 NAME STREET ADDRESS CITY-ST-ZIP	D RINER, TIM 110 REFLECTIONS BLVD. AUBURNDALE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Tim Riner 3/6/01 (863) 967-8842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #