

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47087

1. Entity Name

RIGID SPAN STRUCTURES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90134 049 ***150.00

Principal Place of Business

1705 COLONIAL BLVD
 C4
 FT MYERS FL 33907
 US

Mailing Address

4104 HIDDEN ACROSS CIR
 N FT MYERS FL 33903-7107
 US

2. Principal Place of Business

615 Dupont Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 511165

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Punta Gorda, Florida

City & State

Punta Gorda Florida

4. FEI Number

65-0353667

Applied For

Not Applicable

Zip

33951

Country

USA

Zip

33951

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOULTON, J. BRAD
 1705 COLONIAL BLVD
 C4
 FT MYERS FL 33907

address only

7. Name and Address of New Registered Agent

Name

BRAD BOULTON

Street Address (P.O. Box Number is Not Acceptable)

615 Dupont Street

City

Punta Gorda

FL

Zip Code

33951

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]

President, Brad Boulton

3/12/00

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	BOULTON, J. BRAD	
STREET ADDRESS	4104 HIDDEN ACRES CR.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CORDES, ROBERT H.	
STREET ADDRESS	1740 JEFFERSON AVE.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOULTON, JAMES L.	
STREET ADDRESS	159 TURNBERRY CR.	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/00
 Date

941-995-3244
 Daytime Phone #