

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V59444**

1. Entity Name

RINGLAND CONSTRUCTION, INC.

Principal Place of Business

4637 VINCENNIE BLVD
STE 10
CAPE CORAL FL 33904
US

Mailing Address

4637 VINCENNES BLVD
STE 10
CAPE CORAL FL 33904
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0353018**

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

RINGLAND, CHARLES J.
2032 EVEREST PARKWAY
CAPE CORAL FL 33904

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 State10. 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	RINGLAND, CHARLES J.	
STREET ADDRESS	2032 EVEREST PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	RINGLAND, CHARLES J., II	
STREET ADDRESS	3706 BROADWAY AVE, #18	
CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	RINGLAND, ANN K	
STREET ADDRESS	2032 EVEREST PARKWAY	
CITY-ST-ZIP	CAPE CORAL 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		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGLAND, CHARLES J.	
STREET ADDRESS	5260 S. Landings Dr. #602	
CITY-ST-ZIP	Ft. Myers, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGLAND, CHARLES J., II	
STREET ADDRESS	4848 S.W.23 rd Ave.	
CITY-ST-ZIP	Cape Coral, FL 33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGLAND, ANN K.	
STREET ADDRESS	5260 S. Landings Dr., #602	
CITY-ST-ZIP	Fort Myers, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90059 049 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)