

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59068

1. Entity Name
R AND R LEMARBRE, INCORPORATED

Principal Place of Business
13951 HARBORVIEW DR
SEMINOLE FL 33776
US

Mailing Address
13951 HARBORVIEW DR
SEMINOLE FL 33776
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 65-0269068

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

CACCIATORE, FRANK
2803 NORTH "B" ST.
TAMPA FL 33609

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
VTD
LEMARBRE, RICHARD
13951 HARBORVIEW DR
SEMINOLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
LEMARBRE, RITA
13951 HARBORVIEW DR.
SEMINOLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003327520
07/19/00-01035-002
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
LS ☐ Change ☐ Addition

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

7-11-00

Date

727-302-0350

Daytime Phone #

FILED

00 JUL 13 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Richard M. Lemarbre
Insurance Agent
1901 Tyrone Blvd. N.
Saint Petersburg, FL 33710
Bus: (727) 302-0330
Fax: (727) 302-9206

Allstate®
You're in good hands.

203

July 11, 2000

Ms. Leslie Sellers

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

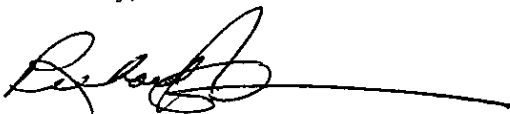
Dear Leslie:

As per our conversation today, please accept these Uniform Business Reports for LeMarbre Insurance Service, Inc. and R & R LeMarbre, Inc. as being in on time due to the fact that we originally sent both forms to the Division of Corporations that were received on April 25, 2000.

The enclosed documentation shows a package received by the Division. The enclosed reports are replacing those that were misplaced.

Thank you for your assistance in this matter.

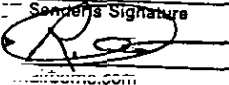
Sincerely,



Richard LeMarbre

303

090958

Sender Account Number 154284262		Preprint Format No. 69095329		4 Payment Sender will be billed unless marked otherwise Bill to: Receiver 3rd Party <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Paid in Advance Check No. Amount		Origin PIE		Airbill Number 3416940450	
FROM (Company) ALLSTATE INSURANCE		City ST PETERSBURG		State FL		ZIP CODE (Required) 33710		5 Service Type One box must be checked. Assumed Express unless noted. <input checked="" type="checkbox"/> Express (Letter - 150 lbs) <input checked="" type="checkbox"/> Next Afternoon (Letter - 5 lbs) <input checked="" type="checkbox"/> Second Day (Letter - 150 lbs)	
Direct Address 1901 TYRONE BLVD N		City ST PETERSBURG		State FL		ZIP CODE (Required) 33710		Next Afternoon over 5 lbs. charged at the Express rate. Next Afternoon to Bold Red destinations only.	
Sent by (Name/Dept) RICHARD LEMARRE		Phone 813-548-6400		6 # of Pkgs 1		7 Weight (LBS) 1		8 Packaging Letter <input checked="" type="checkbox"/> Express <input type="checkbox"/> Parcel <input type="checkbox"/> One box must be checked	
TO (Company) DIVISION OF CORPORATIONS		City 409 EAST GAINES STREET		State FL		ZIP CODE (Required) 32399		Special Instructions <input type="checkbox"/> Saturday Delivery Extra charge Express only Not available to all locations <input type="checkbox"/> Lab Pack Service <input type="checkbox"/> Hold at Airborne	
Direct Address 409 EAST GAINES STREET		City TALAHASSEE		State FL		ZIP CODE (Required) 32399		Declared Value <input type="checkbox"/> or <input type="checkbox"/> Full Insurance Shipment Valuation \$.00	
(Name/Dept) UNIFORM BUSINESS REPORT FILING		Phone (Important) (850) 487-6050		Airborne Signature		Date 4-22-00		Time 10:42 am	
Sender's Signature 		Date 4-22-00		Received At <input type="checkbox"/>		Route No.		AIRBORNE EXPRESS PO BOX 662, SEATTLE, WA 98111-0662 1-800-247-2878	

Rec 4/25
10:42 am
Signed by
B. Sippio