

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90106 005 \*\*\*558.75

**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

**3213 MANATEE AVE W.**

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**BRADENTON FL**

City & State

**BRADENTON FL**

4. FEI Number

**65-0269068**

Applied For

☒ Not Applicable

Zip

**34205**

Country

**MANATEE**

Zip

**MANATEE**

Country

**MANATEE**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee 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

TITLE **VTD** ☒ Delete  
 NAME **LEMARBRE, RICHARD**  
 STREET ADDRESS **13951 HARBORVIEW DR**  
 CITY-ST-ZIP **SEMINOLE FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTD** ☒ Change ☐ Addition  
 NAME **Lemarbrey, Rita**  
 STREET ADDRESS **13951 Harborview Dr**  
 CITY-ST-ZIP **SEMINOLE, FL. 33776**

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

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

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TITLE ☐ Change ☐ 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:

**RITA LEMARBRE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/13/02 (727) 398-5627**  
 Date Cell # 727-510-0714

CR2E034 (4/02)