

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 233743

1. Entity Name
R F DEVELOPMENT COMPANY INC

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90065 031 ***150.00

Principal Place of Business
FRIEDLANDER ROAD
LAKE WALES FL 33859-0032
US

Mailing Address
P O BOX 32
LW FL 33859-0032
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1225809

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FRIEDLANDER, EDWIN M
MAIL PO BOX 32
LAKE WALES FL 33859-0032

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, 2002 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 PD ☐ Delete
NAME FRIEDLANDER, EDWIN
STREET ADDRESS FRIEDLANDER RD P.O. BOX 32
CITY-ST-ZIP LAKE WALES FL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS 3601 FRIEDLANDER ROAD
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME RUDENER, URBAN
STREET ADDRESS 1086 HESPERIDES RD
CITY-ST-ZIP LAKE WALES FL

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

TITLE S ☐ Delete
NAME FRIEDLANDER, KATHY
STREET ADDRESS FRIEDLANDER RD P.O. BOX 32
CITY-ST-ZIP LW FL 33859-0032

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS AS ABOVE
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-02 863 676 7498

CR2E034 (9/01)