

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 315493

1. Entity Name

RESEARCH AND DEVELOPMENT INDUSTRIES, INC.

FILED

Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90062 043 ***150.00

Principal Place of Business

Mailing Address

959 EXPLORER COVE
SUITE 115
ALTAMONTE SPRINGS FL 32715
US

P. O. BOX 151046
ALTAMONTE SPRINGS FL 32715
US

2. Principal Place of Business

998 EXPLORER COVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 130

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

4. FEI Number

59-1163170

Applied For

Not Applicable

Zip

32715

Country

SEMINOLE

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

DECKER, HAROLD R
513 SPRING VALLEY RD
ALTAMONTE SPRINGS FL

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 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

| | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DECKER, HAROLD R 513 SPRING VALLEY RD ALTAMONTE SPRING FL | <input type="checkbox"/> Delete |
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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 #

CR2E034 (10/00)