

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H29821

1. Entity Name
R & R INSULATION, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90020 044 ***150.00

Principal Place of Business

16086 E. YORKSHIRE DRIVE
LOXAHATCHEE FL 33470

Mailing Address

16086 E. YORKSHIRE DRIVE
LOXAHATCHEE FL 33470

2. Principal Place of Business

R & R INSULATION, INC.
15476 99th STREET NORTH
WEST PALM BEACH, FL 33412
561-793-1762

3. Mailing Address

R & R INSULATION, INC.
15476 99th STREET NORTH
WEST PALM BEACH, FL 33412
561-793-1762



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2470725

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOURNE, ROBERT E. JR. ESQ.
521 LAKE AVENUE
SUITE 3
LAKE WORTH FL 33460

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.

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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSS, KIMBERLY R 16086 E. YORKSHIRE DRIVE LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COSS, RONALD M 7255 WILSON ROAD WEST PALM BEACH FL 33413	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COSS, ROBERT R 16086 E. YORKSHIRE DRIVE LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Coss Kimberly R. 15476 99th Street North. W.P.B. FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Coss Robert R 15476 99th Street North. W.P.B. FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kimberly Coss/President Jan 16 01 561-793-1762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)