

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J03583

1. Entity Name

R & R MANUFACTURING AND REPAIR COMPANY, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90133 001 ***150.00

04-10-2000 90133 002 *****8.75

Principal Place of Business

Mailing Address

RT 2 BOX 358
BONIFAY FL 32425

RT 2 BOX 358
BONIFAY FL 32425-9802

2. Principal Place of Business

3. Mailing Address

1927 Highway 173
Suite, Apt. #, etc.

1927 Highway 173
Suite, Apt. #, etc.

City & State

City & State

Bonifay, FL

Bonifay, FL

Zip 32425

Country USA

Zip 32425-5635

Country UGA

4. FEI Number

59-2648353

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

HARLESS, EMERY E.
RT 2 BOX 358
BONIFAY FL 32425

Name

HARLESS, EMERY

Street Address (P.O. Box Number is Not Acceptable)

1929 Highway 173

City

Bonifay, FL

FL

Zip Code

32425

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

Emery E. Harless (Pres)

04 APR 00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT HARLESS, EMERY E. RT. 2, BOX 185 BONIFAY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV HARLESS, IRENE M. RT. 2, BOX 185 BONIFAY FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HARLESS, EMERY E. 1929 Highway 173 Bonifay, FL 32425	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV HARLESS, IRENE M. 1929 Highway 173 Bonifay, FL 32425	<input checked="" 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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 APR 2000 (850) 547 5000

Date

Daytime Phone #

CR2E034 (9/99)