

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90102 001 \*\*\*150.00

**DOCUMENT # J93928**

1. Entity Name  
**R & R CARETAKING, INC.**



Principal Place of Business  
**C/O DARRELL FENNELL  
2312 KEEN ROAD  
FT. PIERCE FL 34946-9003  
US**

Mailing Address  
**C/O DARRELL FENNELL  
2312 KEEN ROAD  
FT. PIERCE FL 34946-9003**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0006490**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROY HAMILTON  
2312 KEEN ROAD  
FORT PIERCE FL 32963**

7. Name and Address of New Registered Agent

Name **Brenda Hogue**

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

**2312 Keen Road**

City **Ft. Pierce**

FL

Zip Code

**34946**

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 **Brenda Hogue** **Brenda Hogue V.P.** **03-28-03**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **HAMILTON, ROY**  
STREET ADDRESS **2312 KEEN ROAD**  
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **V** ☐ Delete  
NAME **HAMILTON, MARK**  
STREET ADDRESS **1703 ANGLE ROAD**  
CITY-ST-ZIP **FT. PIERCE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **Mark Hamilton**  
STREET ADDRESS **2210 Johnston Road**  
CITY-ST-ZIP **Ft. Pierce, FL 34951**

TITLE **V** ☒ Change ☐ Addition  
NAME **Brenda Hogue**  
STREET ADDRESS **70 Woodcrest Drive**  
CITY-ST-ZIP **Ft. Pierce, FL 34945**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mark Hamilton** **3-28-03** **(772) 216-3331**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)