

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K64501

1. Entity Name

R & I ASSOCIATES, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90159 029 ***550.00

Principal Place of Business

2810-13 SHARER RD
PANAMA CITY FL 32312

Mailing Address

958 JENKINS AVE
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

P.O. Box 2346

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PANAMA CITY, FL

Zip

Country

Zip

32402

Country

FLA

4. FEI Number

36-3626170

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

SEGRS, SOWELL & STEWART, P.A.
958 JENKS AVE
PANAMA CITY FL 32401

Name SEGRS, SOWELL, STEWART, & JOHNSON, P.A.

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

City

PANAMA CITY

FL

Zip Code

32401

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-18-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

PS
PALEP, NARSING RAO
3027 KINGS HARBOR RD
PANAMA CITY FL 32405

☐ Delete

TITLE
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STREET ADDRESS
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00

Date

Daytime Phone #

CR2E034 (5/00)