## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K72014** May 10, 2000 8:00 am Secretary of State 1. Entity Name RESEARCH PRODUCTS, INC. 05-10-2000 90121 017 \*\*\*150.00 Principal Place of Business Mailing Address 5780 YOUNGQUIST 5780 YOUNGQUIST FORT MYERS FL 33912-2218 FORT MYERS FL 33912 US 3. Mailing Address 2. Principal Place of Business 2312 BRUNER LANE BRUNER DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc UNIT 11111 City & State 4. FEI Number Applied For City & State 65-0112584 FORT MYERS Not Applicable Country -U.S. A 5. Certificate of Status Desired 3912 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **HUTTO, JOE DARRELL** Street Address (P.O. Box Number is Not Acceptable) 8161 SANDPIPER ROAD FT. MYERS FL 33912 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 DATE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE Change **HUTTO, JOE DARRELL** NAME NAME STREET ADDRESS 8161 SNADPIPER ROAD STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP ☐ Addition TITI F ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not quality 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: