

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90106 001 ***150.00
 01-24-2002 90106 002 *****8.75

DOCUMENT # P00000004743

1. Entity Name
R.T.R. DEVELOPMENT COMPANY

Principal Place of Business **Mailing Address**
1501 W. COLONIAL DR. **1501 W. COLONIAL DR.**
ORLANDO FL 32804 **ORLANDO FL 32804**

2. Principal Place of Business **3. Mailing Address**
181 Circle Drive **181 Circle Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Maitland, FL **Maitland, FL**
Zip **Country**
32751 **USA**

4. FEI Number **59-3619767** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

REX, WALTER A.
1501 WEST COLONIAL DRIVE
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
181 Circle Drive
City **State** **Zip Code**
Maitland **FL** **32751**

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 **Walter A. Rex** **1/3/02**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REX, RANDALL L	
STREET ADDRESS	1501 W. COLONIAL DR.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	REX, WALTER A	
STREET ADDRESS	1501 W. COLONIAL DR.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIBBS, JAMES F	
STREET ADDRESS	1501 W. COLONIAL DR.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	940 Highland Avenue, #200
CITY-ST-ZIP	Orlando, FL 32803
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	181 Circle Drive
CITY-ST-ZIP	Maitland, FL 32751
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	181 Circle Drive
CITY-ST-ZIP	Maitland, FL 32751
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED** **James F. Tibbs, Director** **1/3/02** **644-6303**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)