

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90033 040 ***150.00

DOCUMENT # P00000014033

1. Entity Name
R & R TECHNICAL SERVICES, INC.

Principal Place of Business

602 WILLOWS AVE.
PORT ST. LUCIE FL 34952

Mailing Address

602 WILLOWS AVE.
PORT ST. LUCIE FL 34952

2. Principal Place of Business

2061 SE Erwin Road

Suite, Apt. #, etc.

3. Mailing Address

2061 SE Erwin Road

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip
34952-5221

Country

City & State

Port St. Lucie, FL

Zip

34952-5221

Country

4. FEI Number

65-0979234

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LIPSCOMB, RUTH BENNETT
602 WILLOWS AVE.
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

Ruth Bennett Lipscomb

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

2061 SE Erwin Road

City

Port St. Lucie

FL

Zip Code

34952-5221

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, 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
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LIPS
COMB, RUTH BENNETT
602 WILLOWS AVE.
PORT ST. LUCIE FL 34952

☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Ruth Bennett Lipscomb
2061 SE Erwin Road
Port St. Lucie, FL 34952-5221

☐ **Change** ☒ **Addition**

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
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CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

☐ **Change** ☐ **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: *Ruth Bennett Lipscomb*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

Daytime Phone #

CR2E034 (9/01)