

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-24-2002 90052 048 ***150.00

DOCUMENT # P00000019266

1. Entity Name

R & D GROUP INTERNATIONAL, INC.

Principal Place of Business

**11505 PYAMID DRIVE
 ODESSA FL 33556**

Mailing Address

**11505 PYAMID DRIVE
 ODESSA FL 33556**

2. Principal Place of Business

11505 PYAMID DRIVE

3. Mailing Address

(Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA FL

City & State

4. FEI Number

59-3630844

Applied For

Not Applicable

Zip

33556

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ST. ARNOLD, JACK R
 1370 PINEHURST ROAD
 DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 **VP** ☐ Delete
 NAME **LANGENBERGH, DEBORAH V**
 STREET ADDRESS **P.O. BOX 848**
 CITY-ST-ZIP **ELFERS FL 34680**

TITLE **P** ☐ Delete
 NAME **LANGENBERGH, RAY V**
 STREET ADDRESS **P.O. BOX 848**
 CITY-ST-ZIP **ELFERS FL 34680**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
 NAME **VAN DEN LANGENBERGH, Deborah**
 STREET ADDRESS **PO Box 858**
 CITY-ST-ZIP **ELFERS FL 34680**

TITLE **Pres** ☒ Change ☐ Addition
 NAME **VAN DEN LANGENBERGH, Ray**
 STREET ADDRESS **PO Box 858**
 CITY-ST-ZIP **ELFERS FL 34680**

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

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:

R. Van Den Langenberg

Date

Daytime Phone #

CR2E034 (9/01)