

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000020445**

1. Entity Name

R & L PRODUCTS, INC.**FILED****01 SEP 28 PM 4:44****SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**9492 PENSACOLA BLVD.
PENSACOLA FL 32534**

Mailing Address

**9492 PENSACOLA BLVD.
PENSACOLA FL 32534**

2. Principal Place of Business

9492 Pensacola Blvd

Suite, Apt. #, etc.

3. Mailing Address

9492 Pensacola Blvd

Suite, Apt. #, etc.

City & State

Pensacola FLZip **32534**Country **USA**

City & State

Pensacola FLZip **32534**Country **USA**

4. FEI Number

592575639

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIVERS, RANDALL K
9492 PENSACOLA BLVD.
PENSACOLA FL 32534**

7. Name and Address of New Registered Agent

Name **Randall K Chivers**

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

9492 Pensacola BlvdCity **Pensacola****FL**

Zip Code

32534

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 \$550.00
After September 12, 2001 Fee 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

TITLE **President**
NAME **Randall K Chivers**
STREET ADDRESS **9492 Pensacola Blvd.**
CITY-ST-ZIP **Pensacola, FL 32534**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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)(l), 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:

Randall K Chivers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**9-11-01 850-479-0712**
Date Daytime Phone #

CR2E034 (5/01)