

2001 UNIFORM BUSINESS REPORT (UBR)

FORM 9001111

DOCUMENT # **P0000020445**

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
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2. Principal Place of Business 9492 Pensacola Blvd	3. Mailing Address 9492 Pensacola Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pensacola FL	City & State Pensacola FL	4. FEI Number 592575639	Applied For <input type="checkbox"/> Not Applicable
Zip 32534	Country USA	Zip 32534	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 Blvd

City **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 _____ (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	<input type="checkbox"/> Delete
STREET ADDRESS 9492 Pensacola Blvd.		
CITY-ST-ZIP Pensacola, FL 32534		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(1), 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

Date **9-11-01** Daytime Phone # **850-479-0712**

CR2E034 (5/01)