

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/31

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90353 029 \*\*\*150.00

**DOCUMENT # P00000042617**

1. Entity Name

**R & D AUTO ELECTRIC SERVICE, INC.**

Principal Place of Business

**5000 E BUSINESS 98  
 PANAMA CITY FL 32404**

Mailing Address

**5000 E BUSINESS 98  
 PANAMA CITY FL 32404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3655382**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSE, KEVIN**

**5000 E BUSINESS 98**

**PANAMA CITY FL 32404**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-19-01**

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

**Pres.  
 Kevin Rose  
 5000 E Bus 98  
 Panama City FL 32404**

TITLE ☐ Delete

**V. Pres.  
 Kevin Rose  
 5000 E Bus 98  
 Panama City FL 32404**

TITLE ☐ Delete

**Secretary  
 Doug Rose  
 5000 E Bus 98  
 Panama City FL 32404**

TITLE ☐ Delete

**Treasurer  
 Kevin Rose  
 5000 E Bus 98  
 Panama City FL 32404**

TITLE ☐ Delete

**Director  
 Kevin Rose  
 5000 E Bus 98  
 Panama City FL 32404**

TITLE ☐ Delete

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

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)(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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-01**

Date

Daytime Phone #

CR2E034 (10/00)