

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91554 022 ***150.00

DOCUMENT # **P00000069739** ✓
 1. Entity Name **R & D VISIONS INC.**

Principal Place of Business Mailing Address
RT 3 Box 27266
LAKE CITY, FL 32025

2. Principal Place of Business 3. Mailing Address
RT 3 Box 27266 **RT 3 Box 27266**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LAKE CITY, FL **LAKE CITY, FL**
 Zip Country Zip Country
32025 **Columbia** **32025** **Columbia**

4. FEI Number **59-3672687** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ANDY BOWDOIN
13 S. CALHOUN ST.
QUINCY, FL 32351

7. Name and Address of New Registered Agent
 Name **LINDA M. CRIBBS**
 Street Address (P.O. Box Number is Not Acceptable)
RT 3 Box 27266
LAKE CITY, FL
 City **FL** Zip Code **32025**

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 **Linda M. Cribbs** **LINDA M. CRIBBS** **4-30-01**
 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSS BUSSCHER		NAME	LINDA M. CRIBBS	
STREET ADDRESS	RT 3 BOX 27269		STREET ADDRESS	RT 3 BOX 27266	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEWEY CRIBBS		NAME	UICKIE BUSSCHER	
STREET ADDRESS	RT 3 BOX 27266		STREET ADDRESS	RT 3 BOX 27269	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Dewey Cribbs** **4-30-01** **(386) 719-7193**
 Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)