

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080607

1. Entity Name
R & R MARINE, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90069 040 ***150.00

Principal Place of Business
1244 COBIA CT
NAPLES FL 34102

Mailing Address
1244 COBIA CT
NAPLES FL 34102

700511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1036283		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent MCEL RATH, DAVID P.A. 3838 TAMiami TR NAPLES FL 34103		7. Name and Address of New Registered Agent Name Ralph, Robert L. Street Address (P.O. Box Number is Not Acceptable) 1244 Cobia Court City Naples FL Zip Code 34102	
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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 Robert L. Ralph Robert L. Ralph, President 1/8/01
Signature, typed or printed name of registered agent and title (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. ☒ **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 NAME STREET ADDRESS CITY-ST-ZIP	D RALPH, ROBERT L 1244 COBIA CT NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert L. Ralph Robert L. Ralph, President 1/8/01 (941) 571-2561
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)