

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90141 035 ***150.00

DOCUMENT # P00000080680

1. Entity Name
R & D EXTRA, INC.



Principal Place of Business
**454 CLERMONT DRIVE WEST
ORANGE PARK FL 32073**

Mailing Address
**454 CLERMONT DRIVE WEST
ORANGE PARK FL 32073**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1404 S Orange Ave
Suite, Apt. #, etc.
(Cove Plaza)

3. Mailing Address
Suite, Apt. #, etc.

City & State
Green Cove Springs, FL
Zip
32043 Country
Clay

City & State

4. FEI Number
65-1034338

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

**BARLOW, DAWAYNE L
454 CLERMONT DR. WEST
ORANGE PARK FL 32073**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D BARLOW, DAWAYNE L
454 CLERMONT DR. WEST
ORANGE PARK FL 32073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D BARLOW, ROGER L
454 CLERMONT DRIVE WEST
ORANGE PARK FL 32073** ☐ Delete

TITLE
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☐ Change ☐ Addition

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12. 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 of 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAWAYNE L BARLOW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03
Date

(964) 284-7789
Daytime Phone #

CR2E034 (10/02)