

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108572

1. Entity Name

R&T ASSOCIATES OF JACKSONVILLE, INC.

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90083 023 ***150.00

Principal Place of Business

Mailing Address

8429 HAMDEN RD.
JACKSONVILLE FL 32244

8429 HAMDEN RD.
JACKSONVILLE FL 32244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3682222

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARNETT, REUBEN
8429 HAMDEN RD.
JACKSONVILLE FL 32244

Name BARNETT, REUBEN

Street Address (P.O. Box Number is Not Acceptable)

8429 HAMDEN ROAD

City JACKSONVILLE

FL

Zip Code 32244

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 REUBEN BARNETT III

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

(NOTE: Registered Agent signature required when reinstating)

Reuben Barnett III 4/5/01

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. VP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☒ Delete
NAME BARNETT, TOMMIESENA E
STREET ADDRESS 8429 HAMDEN RD.
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE VP ☒ Change ☐ Addition
NAME BARNETT, TOMMIESENA E
STREET ADDRESS 8429 HAMDEN ROAD
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Claudette Lively
STREET ADDRESS 8880 Old Kings Rd S.
CITY-ST-ZIP JACKSONVILLE, FL 32257 Apt 105-W

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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)(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: Reuben Barnett III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01 (84) 777-1590
Date Daytime Phone #

CR2E034 (10/00)