

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108572

1. Entity Name

R&T ASSOCIATES OF JACKSONVILLE, INC.

Principal Place of Business

8429 HAMDEN RD.
JACKSONVILLE FL 32244

Mailing Address

8429 HAMDEN RD.
JACKSONVILLE FL 32244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3682222

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, REUBEN
8429 HAMDEN RD.
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

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)

DATE: 4/5/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
BARNETT, TOMMIESENA E
8429 HAMDEN RD.
JACKSONVILLE FL 32244

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BARNETT, TOMMIESENA E
8429 HAMDEN RD.
JACKSONVILLE FL 32244

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Claudette Lively
8880 Old Kings Rd S.
Jacksonville, FL 32257 Apt 105-W

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 (884) 777-1590

Date

Daytime Phone #

CR2E034 (10/00)