

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90313 048 \*\*\*150.00

0022910 AV

DOCUMENT # P01000061906

1. Entity Name  
R & R INVESTMENTS OF JACKSONVILLE, INC.



Principal Place of Business  
2640 PHYLLIS ST.  
JACKSONVILLE FL 32204

Mailing Address  
2640 PHYLLIS ST.  
JACKSONVILLE FL 32204

2. Principal Place of Business  
402 Andreas Street  
Suite, Apt. #, etc.

3. Mailing Address  
402 Andreas Street  
Suite, Apt. #, etc.

City & State  
St. Augustine FL  
Zip  
32080  
Country  
USA

City & State  
St. Augustine FL  
Zip  
32080  
Country  
USA

4. FEI Number 59-372 1549

Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HISOIRE, ROBERT  
937 LAKE ASBURY DR.  
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	PD	<input type="checkbox"/> Delete
NAME	CLEMENTS, BRUCE R	
STREET ADDRESS	402 ANDREAS ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 904-887-2825  
Date Daytime Phone #

CR2E034 (10/02)