

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
 02-25-2002 90067 013 ***150.00

0014008 AT

DOCUMENT # P01000111864

1. Entity Name
R&D COMMUNICATION SERVICES, INC.

Principal Place of Business

**2550 NE 36TH AVENUE
 Ocala FL 34471**

Mailing Address

**PO BOX 7094
 Ocala FL 34472**

2. Principal Place of Business

2550 NE 36th Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite E

City & State

Ocala, FL

Zip

34470

Country

USA

4. FEI Number

80-0008893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCCOY, DONALD
 PO BOX 7094
 Ocala FL 34472**

7. Name and Address of New Registered Agent

Name **McCoy, Donald**

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

2550 NE 36th Ave, Suite E

City **Ocala**

FL

Zip Code **34470**

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

Donald McCoy

2-13-2002

(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.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **PRESIDENT** ☐ Delete
 NAME **DONALD M MCCOY**
 STREET ADDRESS **7 CLEAR LAKE**
 CITY-ST-ZIP **OCALA, FL 34472**

TITLE **SECRETARY/TREASURER** ☐ Delete
 NAME **RONALD DONNELLY**
 STREET ADDRESS **5740 SE 22nd Place**
 CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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: **DONALD MCCOY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-02

Date

352-629-5252

Daytime Phone #

CR2E034 (9/01)