

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90377 044 \*\*\*150.00

0668306 AV

**DOCUMENT #** P01000112380

**1. Entity Name**

R & R HOME SERVICES CORP. ~

*Numatics Florida, Inc*



**Principal Place of Business**

839 CHALMERS DRIVE  
VENICE FL 34293

**Mailing Address**

839 CHALMERS DRIVE  
VENICE FL 34293

**2. Principal Place of Business**

*577 Interstate Blvd*

**3. Mailing Address**

*577 Interstate Blvd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

*Sarasota FL*

**City & State**

*Sarasota FL*

**Zip**

*FL 34240*

**Country**

*USA*

**Zip**

*34240*

**Country**

*USA*

**4. FEI Number**

*69-0004005*

**Applied For**

☐ Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

CLARK, ROY A  
839 CHALMERS DRIVE  
VENICE FL 34293

*Address  
change  
only →*

**7. Name and Address of New Registered Agent**

**Name**

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

*854 Dahoon Cir.*

**City**

*Venice*

**FL**

**Zip Code**

*34293*

**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**

*Roy A. Clark*

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*4/30/03*

**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**

**TITLE** D ☐ Delete  
**NAME** CLARK, ROY A  
**STREET ADDRESS** 839 CHALMERS DRIVE  
**CITY-ST-ZIP** VENICE FL 34293

**TITLE** D ☒ Delete  
**NAME** SUGDEN, DEBORAH  
**STREET ADDRESS** 188 GRAND OAK CIRCLE  
**CITY-ST-ZIP** VENICE FL 34293

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** P ☒ Change ☐ Addition  
**NAME** Roy A. Clark  
**STREET ADDRESS** 854 Dahoon Cir.  
**CITY-ST-ZIP** Venice FL 34293

**TITLE** V ☐ Change ☒ Addition  
**NAME** T. Randy Sugden  
**STREET ADDRESS** 188 Grand Oak Circle  
**CITY-ST-ZIP** Venice FL 34293

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

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

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

**TITLE** ☐ Change ☐ 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:**

*Roy A. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/03*

Date

*941 379 4207*

Daytime Phone #

CR2E034 (10/02)