

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90116 012 ***150.00

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DOCUMENT # P93000037041

1. Entity Name

RLD PRODUCTS, INC.

Principal Place of Business

**2786 LANDMARK DRIVE
 CLEARWATER FL 34621**

Mailing Address

**P. O. BOX 8074
 CLEARWATER FL 34618
 US**

2. Principal Place of Business

3. Mailing Address

1133 CLEVELAND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLEARWATER

4. FEI Number

59-3187219

Applied For

Not Applicable

Zip

Country

Zip

FL 33756

Country

PI

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

**NORRIS, RICHARD
 2786 LANDMARK DR.
 CLEARWATER FL 34621**

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.

SIGNATURE

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **NORRIS, RICHARD**
 STREET ADDRESS **2786 LANDMARK DR.**
 CITY-ST-ZIP **CLEARWATER FL 34621**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02 (727) 787 8663
 Date Daytime Phone #

CR2E034 (9/01)