

FROM : T. R. G. / N. H. H.

PHONE NO. : 905 777 1306

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91587 046 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000084216**

1. Entity Name

RT&D HOLDINGS, INC.

Principal Place of Business

**1208 SOUTH MYRTLE AVENUE
CLEARWATER FL 33756**

Mailing Address

**1253 PARK STREET
CLEARWATER FL 34616****A0070355**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3213368**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WARD, R. CARLTON
1253 PARK ST.
CLEARWATER FL 34616**

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 date if applicable.

(NOTE: Registered Agent signature required when registering)

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, 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	S	☐ Delete
NAME	RYAN, JOHN M	
STREET ADDRESS	69 JOHN ST. S	
CITY-ST-ZIP	HAMILTON ON S8N-2B9	
TITLE		☐ Delete
NAME	RYAN, JOHN M	
STREET ADDRESS	69 JOHN ST. S	
CITY-ST-ZIP	HAMILTON ON S8N-2B9	
TITLE	PVDP	☐ Delete
NAME	RYAN, JOHN M	
STREET ADDRESS	69 JOHN ST S	
CITY-ST-ZIP	HAMILTON ON S8N-2-9	
TITLE	VPD	☐ Delete
NAME	WARD, CARLTON R	
STREET ADDRESS	1253 PARK ST	
CITY-ST-ZIP	CLEARWATER FL 33756	
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		
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		

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
 indicating on this report of 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; and that my name appears in the report as required by Chapter 607, Florida Statutes; and that my name appears in block 11 or block 12.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/01 727-446-5858

CR2034 (10-00)