

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90725 024 ***550.00

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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**

B0122526



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1208 S. Myrtle Ave
 Suite, Apt. #, etc.

3. Mailing Address

1000 Pinellas Street
 Suite, Apt. #, etc.

City & State
Clearwater, FL.

City & State
Clearwater, FL.

4. FEI Number
59-3213368

Applied For
 Not Applicable

Zip
33756 Country
USA

Zip
33756-3433 Country
USA

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

6. Name and Address of Current Registered Agent

**WARD, R. CARLTON
 1253 PARK ST.
 CLEARWATER FL 34616 33756**

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.

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

TITLE
S ☐ Delete
 NAME
RYAN, JOHN M
 STREET ADDRESS
69 JOHN ST. S
 CITY-ST-ZIP
HAMILTON ON S8N-2B9

TITLE
T ☐ 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
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS
437 St. Andrews Dr.
 CITY-ST-ZIP
Belleair FL 33756

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS
437 St. Andrews Dr
 CITY-ST-ZIP
Belleair FL 33756

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS
437 St. Andrews Dr.
 CITY-ST-ZIP
Belleair FL 33756

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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 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:

John M. Ryan **May 21/02** **727-461-0854**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)