

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018457

1. Entity Name

DOUBLE R BUILDING CORP.

FILED

01 JUN 19 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2825 UNIVERSITY DR.

2825 UNIVERSITY DR.

SUITE 300

SUITE 300

CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0473827

Applied For

Not Applicable

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

RAINEY RISSMAN

Name

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

6184 NW 123 LANE

CORAL SPRINGS, FL 33076

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 relocating)

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. PRESIDENT OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
RAINEY S. RISSMAN
6184 NW 123 LANE
CORAL SPRINGS, FL 33076

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
200004457732-6
-07/03/01--01041--015
****300.00 ****300.00
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
00-01 UBR

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

RAINEY S. RISSMAN

4-30-01

954-796-0777

Date

Daytime Phone #

CR2E034 (11/00)