

2000 UNIFORM BUSINESS REPORT (UBR)


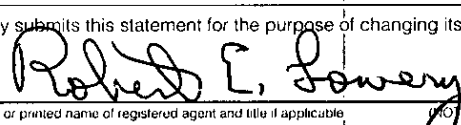
FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90002 014 ***150.00

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| DOCUMENT # P94000036133 | | | | | | <div style="float: right; text-align: left;">Mar 20, 2000 8:00 am Secretary of State 03-20-2000 90002 014 ***150.00</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name <div style="font-size: 2em; margin-left: 10px;">✓</div> R & L ASSOCIATES, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 4051 DAVENPORT LANE PACE FL 32568 | | | | | | Mailing Address 4851 DAVENPORT LANE PACE FL 32568 | | | | | | <div style="margin-bottom: 10px;">DUPLICATE</div>  <div style="margin-top: 10px;">DO NOT WRITE IN THIS SPACE</div> | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business | | | | | | 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | | | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | | | | | City & State | | | | | | 4. FEI Number 59-3246804 <div style="float: right;"><input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable</div> | | | | | | | | | | | | | | | | | | | | | |
| Zip | | | Country | | | Zip | | | Country | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent LOWERY, ROBERT E 4581 DANANPORT LANE LOT 1 PACE FL 32571 | | | | | | | | | | | | 7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px;">Name</div> <div style="border: 1px solid black; padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</div> <div style="border: 1px solid black; padding: 5px;">City</div> <div style="border: 1px solid black; padding: 5px; float: right;">FL Zip Code</div> | | | | | | | | | | | | | | | | | | | | | |
| 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. <div style="display: flex; justify-content: space-between; align-items: center;"><div>SIGNATURE </div><div>3-13-00</div><div>DATE</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | | | | | | | | | | | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000, Fee will be \$550.00 Make Check Payable to Department of State | | | | | | | | | | | | 10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | |
| 11. OFFICERS AND DIRECTORS | | | | | | | | | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | |
| <div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div> <div>PVPD LOWERY, ROBERT E. 4581 DAVENPORT LANE, LOT 1 PACE FL</div> <div><input type="checkbox"/> Delete</div> | | | | | | | | | | | | <div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div> <div></div> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | | | | | | | | | | | | | | | | | | | | |
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CR2E034 (9/99)

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 _____ Date: _____