2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000039764** May 24, 2000 8:00 am 1. Entity Name Secretary of State R & R SPRAY SERVICES, INC. 05-24-2000 90083 001 ***150.00 Mailing Address Principal Place of Business 134 CLARET CT ORLANDO FL 32807 2. Principal_Place of Business YOS SLIEU MOUND AD. 405 SHELL MOUND NO. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3252532 ENTEMPASE Not Applicable Country \$8.75 Additional DIUSIA 5. Certificate of Status Desired 1)0WIF1 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **EDWARDS, RICHARD** Street Address (P.O. Box Number is Not Acceptable) 134 CLARET CT. ORLANDO FL 32807 Zip Code City 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 ent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (NESSDENT) (Change TITLE EDWARDS ASCALAND ☐ Delete TITLE 1405 SWEW MOUND MA EDWARDS, RICHARD NAME STREET ADDRESS STREET ADDRESS 134 CLARET CT. ENEMPRISE, Fl. 32728 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 Change ☐ Addition ☐ Delete TITLE EDWARDS, JAMES A NAME 1671 SEMORAN NORTH CIR #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE WALKER, FRANKLIN W NAME 8221 SARROW DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.