

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90024 049 ***150.00

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DOCUMENT # P95000053444

1. Entity Name
R & R BUSINESS SERVICES, INC.

Principal Place of Business

**651 S. VOLUSIA AVE
 ORANGE CITY FL 32763**

Mailing Address

**651 S. VOLUSIA AVE
 ORANGE CITY FL 32763**

2. Principal Place of Business

549 N. Volusia Avenue

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Orange City FL

City & State

4. FEI Number

59-3326394

Applied For

Not Applicable

Zip

32763

Country

USA

Zip

32763

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**REYNOLDS, MARY
 651 S. VOLUSIA AVE
 ORANGE CITY FL 32763**

7. Name and Address of New Registered Agent

Name

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

549 N. Volusia Avenue

City

Orange City FL

FL

Zip Code

32763

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTD
 REYNOLDS, MARY
 507 HARRISON AVE
 ORANGE CITY FL 32763** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 RAZZA, JUDI
 1235 SPRING GARDEN RANCH RD
 DE LEON SPRINGS FL 32130** ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
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 CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

Mary Reynolds
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/02

Daytime Phone #

386-7754277

CR2E034 (9/01)