

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90009 005 ***150.00

DOCUMENT # P95000058614

1. Entity Name

R & T AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

875 NE JENSEN BEACH
JENSON BEACH FL 34957

855 NE JENSEN BEACH BLVD.
JENSON BEACH FL 34957-4797
US

2. Principal Place of Business

3. Mailing Address

893 NE Jensen Bch Blvd
Suite, Apt. #, etc.

893 NE Jensen Bch Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jensen Beach FL

City & State
Jensen Beach FL

4. FEI Number 59-3330408

Applied For
Not Applicable

Zip 34951 Country MARTIN

Zip 34951 Country MARTIN

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

PIEKARSKIE, TRISHA
875 NE JENSEN BEACH BLVD
JENSON BEACH FL 34957

Name

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

893 NE Jensen Beach Blvd

City

Jensen Beach

FL

Zip Code

34957

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	PIEKARSKIE, ROBERT	4027 CINNAMON CIR.	JENSEN BEACH FL 34957	<input checked="" type="checkbox"/>
VP	PIEKARSKIE, TRISHA	4027 CINNAMON CIR.	JENSEN BEACH FL 34957	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	TRISHA PIEKARSKIE	575 NW Bellworth PL	Jensen Beach FL 34957	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

4/28/00

Date

561-334-5774

Daytime Phone #

CR12E034 (9/99)