

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91529 035 ***150.00

DOCUMENT # P 95 0000 66317

1. Entity Name

R + B re CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3506

3. Mailing Address

3506 MARSALA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

4. FEI Number

65 - 061 2259

Applied For

☐ Not Applicable

Zip

33950

Country

Zip

33950

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NEMAZIE, A. STEPHEN

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

3506 MARSALA CT

City

PUNTA GORDA

FL

Zip Code
33950

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.

A. STEPHEN NEMAZIE, Registered Agent

04/26/02

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when registering)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PTS	TITLE	
NAME	NEMAZIE, A. STEPHEN	NAME	
STREET ADDRESS	3506 MARSALA CT	STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA, FL 33950	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

305 778 1220

SIGNATURE: A. STEPHEN NEMAZIE, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02

Date

Printing Name