

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90056 015 ***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 MARSALA COURT
Suite, Apt. #, etc.

3. Mailing Address
3506 MARSALA COURT
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.S.

Street Address (P.O. Box Number is Not Acceptable)
3506 MARSALA COURT

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.

SIGNATURE _____ Signature, typed or printed name of registered agent, and fee 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)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
NAME P/T/S
STREET ADDRESS NEMAZIE, A.S.
CITY-ST-ZIP 3506 MARSALA CT.
PUNTA GORDA, FL 33950

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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)(b), 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.

SIGNATURE: A. STEPHEN NEMAZIE, PRESIDENT

03/21/03 305 778 1220