

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000074954

1. Entity Name

R & B INVESTMENTS, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91221 001 ***150.00

Principal Place of Business

Mailing Address

650 S. BASS ROAD
 KISSIMMEE FL 34746

650 S. BASS ROAD
 KISSIMMEE FL 34746

551413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4121 TWILIGHT TRAIL

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

4. FEI Number 59-3357270

Applied For
 Not Applicable

Zip

34746

Country

OSCEOLA

Zip

Country

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

SHEIVE, REBECCA
 650 S. BASS ROAD
 KISSIMMEE FL 34746

Name

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

4121 TWILIGHT TRAIL

City

KISSIMMEE

FL

Zip Code

34746

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, 2001 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 D ☐ Delete
 NAME SHEIVE, RANDY
 STREET ADDRESS 650 S. BASS ROAD
 CITY-ST-ZIP KISSIMMEE FL 34746

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

TITLE D ☐ Delete
 NAME SHEIVE, REBECCA
 STREET ADDRESS 650 S. BASS ROAD
 CITY-ST-ZIP KISSIMMEE FL 34746

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

4.27.01

Date

407.847.4706

Daytime Phone #

CR2E034 (10/00)