

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077235

1. Entity Name

R.B. TRUESDELL AND ASSOCIATES, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90029 007 \*\*\*158.75

Principal Place of Business 5201 SEMINOLE BLVD SUITE #8 ST PETERSBURG FL 33708 US	Mailing Address 5201 SEMINOLE BLVD SUITE #8 ST PETERSBURG FL 33708-3366 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5201 SEMINOLE Blvd Suite, Apt. #, etc. SUITE # 2 City & State St. PETERSBURG FL Zip 33708 Country USA	3. Mailing Address 5201 Seminole Blvd Suite, Apt. #, etc. SUITE # 2 City & State St. PETERSBURG FL Zip 33708 Country USA
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4. FEI Number 59-3367516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRUESDELL, GLORIA  
 343 BOCA CIEGA DRIVE  
 MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE PS	<input type="checkbox"/> Delete TRUESDELL, GLORIA 343 BOCA CIEGA DRIVE MADEIRA BEACH FL 33708
TITLE ST	<input type="checkbox"/> Delete TRUESDELL, GLORIA 343 BOCA CIEGA DRIVE MADEIRA BEACH FL
TITLE VPT	<input type="checkbox"/> Delete TRUESDELL, ROBERT B 343 BOCA CIEGA DR MADEIRA BEACH FL 33708
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria Truesdell **GLORIA TRUESDELL** 2-3-2000 (727)397-1148  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)