

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P95000077235

1. Entity Name
R.B. TRUESDELL AND ASSOCIATES, INC.

Principal Place of Business 5201 SEMINOLE BLVD SUITE #2 ST PETERSBURG 33708 US	FL	Mailing Address 5201 SEMINOLE BLVD SUITE #2 ST PETERSBURG 33708 US	FL
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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4. FEI Number
59-3367516
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TRUESDELL GLORIA
343 BOCA CIEGA DRIVE
MADEIRA BEACH FL 33708 US

7. Name and Address of New Registered Agent
 Name
TRUESDELL GLORIA
 Street Address (P.O. Box Number is Not Acceptable)
13452 90TH TERRACE NORTH
 City
SEMINOLE FL Zip Code
33776

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 _____ **03/30/2001**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT TRUESDELL ROBERT B <input type="checkbox"/> Delete 343 BOCA CIEGA DR MADEIRA BEACH FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRUESDELL GLORIA <input type="checkbox"/> Delete 343 BOCA CIEGA DRIVE MADEIRA BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TRUESDELL GLORIA <input type="checkbox"/> Delete 343 BOCA CIEGA DRIVE MADEIRA BEACH FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT TRUESDELL ROBERT B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13452 90TH TERRACE NORTH SEMINOLE FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRUESDELL GLORIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13452 90TH TERRACE NORTH SEMINOLE FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TRUESDELL GLORIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13452 90TH TERRACE NORTH SEMINOLE FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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: Gloria Truesdell **Pres** **03/30/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)