

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	Mailing Address
5201 SEMINOLE BLVD SUITE #2 ST PETERSBURG 33708 US	5201 SEMINOLE BLVD SUITE #2 ST PETERSBURG 33708 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 AgentTRUESDELL GLORIA
343 BOCA CIEGA DRIVEMADEIRA BEACH
33708
US

FL

7. Name and Address of New Registered Agent

Name

TRUESDELL GLORIA

Street Address (P.O. Box Number is Not Acceptable)
13452 90TH TERRACE NORTHCity
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	VPT	<input type="checkbox"/> Delete
NAME	TRUESDELL ROBERT B	
STREET ADDRESS	343 BOCA CIEGA DR	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TRUESDELL GLORIA	
STREET ADDRESS	343 BOCA CIEGA DRIVE	
CITY-ST-ZIP	MADEIRA BEACH FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	TRUESDELL GLORIA	
STREET ADDRESS	343 BOCA CIEGA DRIVE	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUESDELL ROBERT B	
STREET ADDRESS	13452 90TH TERRACE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUESDELL GLORIA	
STREET ADDRESS	13452 90TH TERRACE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUESDELL GLORIA	
STREET ADDRESS	13452 90TH TERRACE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Gloria Truesdell

Pres

03/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)