

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085852

1. Entity Name

R & R INVESTMENT MANAGEMENT, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90051 015 ***150.00

Principal Place of Business

Mailing Address

4335 N. US HWY. 1
 VERO BEACH FL 32967

4335 N. US HWY. 1
 VERO BEACH FL 32967-1554

2. Principal Place of Business

4195 N US 1

3. Mailing Address

4195 N us 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Vero Beach FL

City & State

Vero Beach FL

4. FEI Number

65-0626301

Applied For

Not Applicable

Zip

32967

Country

INDIAN River

Zip

32967

Country

INDIAN River

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

ROLLINGER, BILL E
 4335 N. US HWY. 1
 VERO BEACH FL 32967

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROLLINGER, BILL E	
STREET ADDRESS	4335 N. US HWY. 1	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	ROLLINGER, GAIL M	
STREET ADDRESS	1286 14TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
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		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 Bill Rollinger D.

4-18-00

561-778

Date

Daytime Phone #

CR2E034 (9/99)