

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054643

1. Entity Name

R & M CONSULTING, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90023 046 \*\*\*150.00

Principal Place of Business

Mailing Address

701 40TH AVENUE NORTH  
ST. PETERSBURG FL 33703

701 40TH AVENUE NORTH  
ST. PETERSBURG FL 33703-4628

2. Principal Place of Business

1430-87 AVE NORTH  
Suite, Apt. #, etc.

3. Mailing Address

1430-87 AVE NORTH  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST Petersburg FL

City & State

ST Petersburg FL

4. FEI Number

59-3388030

Applied For

Not Applicable

Zip

33702

Country

PINELLAS

Zip

33702

Country

PINELLAS

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

HARROD, MARCELLA R  
701 40TH AVENUE NORTH  
ST. PETERSBURG FL 33703

Name

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

1430-87 AVENUE NORTH

City

ST Petersburg

FL

Zip Code

33702

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 PD ☐ Delete  
NAME HARROD, MARCELLA  
STREET ADDRESS 701 40TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1430-87 AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE VD ☐ Delete  
NAME HARROD, RANDALL  
STREET ADDRESS 701-40TH AVE. N.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1430-87 AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE SD ☒ Delete  
NAME WOOD, FRANCES  
STREET ADDRESS 3713 42ND AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33711

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

TITLE TD ☐ Delete  
NAME WOOD, MERRILL  
STREET ADDRESS 3713 42ND AVENUE SO  
CITY-ST-ZIP ST. PETERSBURG FL 33711

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)