

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90179 039 ***150.00

DOCUMENT # P96000054698

1. Entity Name

R&D OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

26325 MAHOGANY PT CT
BONITA SPRINGS FL 34134
US26325 MAHOGANY PT CT
BONITA SPRINGS FL 34134-5627
US

A0019762

2. Principal Place of Business

3. Mailing Address

26445 Brick Lane
Suite, Apt. #, etc.P.O. Box 366128
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

City & State

City & State

Bonita Springs FL

Bonita Springs FL

4. FEI Number

65-0678202

Zip

Country

Zip

Country

34134

USA

34134-6128

USA

5. Certificate of Status Desired ☐\$8.75
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARLICK, THOMAS B
8889 PELICAN BAY BLVD
#300
NAPLES FL 34108

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00
Additional

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RUBINTON, JON
STREET ADDRESS P O BOX 366128 N/A
CITY-ST-ZIP BONITA SPRINGS FL 34135TITLE President / Director ☐ Change
NAME Jon Rubinton
STREET ADDRESS P.O. Box 366128
CITY-ST-ZIP Bonita Springs, FL 34135TITLE D ☐ Delete
NAME DUCHARME, DUANE
STREET ADDRESS 7401 BAY COLONY DR
CITY-ST-ZIP NAPLES FL 34108TITLE Vice President / Director ☐ Change
NAME Duane DuCharme
STREET ADDRESS 7401 Bay Colony Drive
CITY-ST-ZIP Naples, FL 34108TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 941-947-
Date