

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054700

1. Entity Name

R&D OF NAPLES, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90193 015 \*\*\*150.00

Principal Place of Business

26445 BRICK LANE  
BONITA SPRINGS FL 34134  
US

Mailing Address

P O BOX 366128  
BONITA SPRINGS FL 34135  
US

2. Principal Place of Business

15400 Milan lane  
Suite, Apt. #, etc.

3. Mailing Address

15400 Milan lane  
Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples, FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. FEI Number 65-0678214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARLICK, THOMAS B  
8889 PELICAN BAY BLVD. STE 300  
SUITE 400  
NAPLES FL 34108

7. Name and Address of New Registered Agent

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, 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          | D                            | <input type="checkbox"/> Delete |
| NAME           | RUBINTON, JON                |                                 |
| STREET ADDRESS | P O BOX 366128 N/A           |                                 |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34135      |                                 |
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | DUCHARME, DUANE              |                                 |
| STREET ADDRESS | 7401 BAY COLONY DR           |                                 |
| CITY-ST-ZIP    | NAPLES FL 34108              |                                 |
| TITLE          | DP                           | <input type="checkbox"/> Delete |
| NAME           | RUBINGTON, JON               |                                 |
| STREET ADDRESS | P O BOX 366128               |                                 |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34136-6128 |                                 |
| 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          |                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                  |  |
| STREET ADDRESS | 15400 Milan lane |  |
| CITY-ST-ZIP    | Naples, FL 34110 |  |
| TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |
| TITLE          |                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                  |  |
| STREET ADDRESS | 15400 Milan lane |  |
| CITY-ST-ZIP    | Naples, FL 34110 |  |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01 941.947.7888  
Date Daytime Phone #

CR2E034 (10/00)