

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061639

1. Entity Name

R & R METAL BUILDING SERVICE, IN.

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90050 036 ***150.00

Principal Place of Business

Mailing Address

901 E. TRAPNELL ROAD
PLANT CITY FL 33566

901 E. TRAPNELL ROAD
PLANT CITY FL 33566-4965

2. Principal Place of Business

3. Mailing Address

2701 Abbie Aldermans Way
Suite, Apt. #, etc.

2701 Abbie Aldermans Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plant City, FL

City & State

Plant City, FL

4. FEI Number

59-3391344

Applied For

Not Applicable

Zip

33566

Country

Hills.

Zip

33566

Country

Hills.

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

ROGERS, RUSSELL
901 E. TRAPNELL ROAD
PLANT CITY FL 33566

Name Rogers, Russell

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

2701 Abbie Aldermans Way

City Plant City

FL

Zip Code 33566

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

Russell K. Rogers
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	P	<input type="checkbox"/> Delete
NAME	ROGERS, RUSSELL K	
STREET ADDRESS	901 E. TRAPNELL ROAD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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
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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:

Russell K. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)