

MEMORANDUM
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000070282

1. Entity Name

R.P.B. of South Florida, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4991 S.E. 44th Ave. Rd.

Suite, Apt. #, etc.

3. Mailing Address

4991 S.E. 44th Ave. Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

65-0689716

Applied For

Not Applicable

Zip

34480

Country

USA

Zip

34480

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Alan Strickland

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

4991 S.E. 44th Ave. Rd.

City

Ocala

FL

Zip Code

34480

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Alan Strickland	4991 S.E. 44th Ave. Rd.	Ocala, FL 34480
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan Strickland 8-6-03 (561) 723-8713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)