

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90171 036 \*\*\*150.00

**DOCUMENT # P96000074857**

1. Entity Name  
**R & R BRICK WORKS, INC.**

Principal Place of Business  
**8024 RIDGEGREEN DRIVE  
 LAKELAND FL 33809**

Mailing Address  
**8024 RIDGEGREEN DRIVE  
 LAKELAND FL 33809**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3412611**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HERRING, RANDALL K  
 8024 RIDGEGREEN DRIVE  
 LAKELAND FL 33809**

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, 2002 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **HERRING, RANDALL K**  
 CITY-ST-ZIP **8024 RIDGEGREEN DRIVE  
 LAKELAND FL 33809**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*DOUGLAS V. BAILEY, Esq.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOUGLAS V. BAILEY ESQ 7/30/02 (863)646 0821**  
 Date Daytime Phone #

CR2E034 (9/01)

Attachment

## ARITHMETECH, INC.

5005 Dorman Road ~ Lakeland, Florida 33813 ~ (863) 646-0821 Fax 644-3883

### MEMO

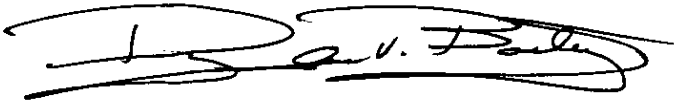
April 30, 2002

**RE: R & R Brick Works  
2002 Uniform Business Report Filing  
Document # P96000074857**

Enclosed, please find 2002 Uniform Business Report for R & R Brick Works, Inc. Due to the director of the company being out of the country on a long term missionary assignment to Honduras, Mr. Randy Herring has placed me with Power of Attorney (attached) to sign for him in business and tax matters. Please accept the form and payment of \$150.00 by check # 8206.

If any questions arise, feel free to contact further.

Sincerely,



**Douglas V. Bailey, E. A.**

100-100-100  
100-100-100  
100-100-100

100-100-100

Form **2848**  
(Rev. December 1997)  
Department of the Treasury  
Internal Revenue Service

## Power of Attorney and Declaration of Representative

▶ See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date / /

### Part I Power of Attorney (Please type or print.)

#### 1 Taxpayer information (Taxpayer(s) must sign and date this form on page 2, line 9.)

Taxpayer name(s) and address  
**Randall K & Kandie C Herring**  
**8024 Ridgegreen Drive**  
**Lakeland, FL 33809**

Social security number(s)  
**421 15 9501**

**422 86 6944**

Daytime telephone number

Employer identification  
number

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

#### 2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II.)

Name and address  
**Douglas V. Bailey, E A**  
**5005 Dorman Road**  
**Lakeland, FL 33813**

CAF No. \_\_\_\_\_

Telephone No. **(863)646-0821**

Fax No. **(863)644-3883**

Check if new: Address ☐ Telephone No. ☐

Name and address

CAF No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new: Address ☐ Telephone No. ☐

Name and address

CAF No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new: Address ☐ Telephone No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

#### 3 Tax matters

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
Income	1040	1999,2000,2001

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. (See instruction for **Line 4—Specific uses not recorded on CAF.**) ☐

**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see instruction for **Line 5—Acts authorized**).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_

**Authority to sign aforementioned tax returns while taxpayers are living out of the United States.**

**Note:** In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

**Note:** The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ▶ \_\_\_\_\_

For Paperwork Reduction and Privacy Act Notice, see the separate instructions.

Cat. No. 11980J

Form **2848** (Rev. 12-97)