FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2004

DOCUMENT # P96000094438

1. Entity Name

R&D Industries Inc.

DO NOT WRITE IN THIS SPACE

24013153

2. Principal Place of Business

8644 NW 29 Drive

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL

Zip 33065 | Country USA

City & State

Zip | Country
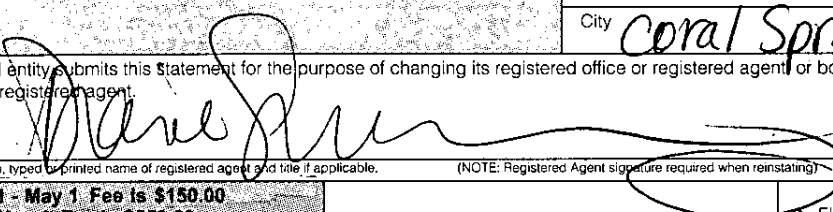
4. FEI Number 05-0718007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Diane Simpson

Street Address (P.O. Box Number is Not Acceptable) 8644 NW 29 Drive

City Coral Springs Fl | **FL** | Zip Code 33065

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 2/17/04

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	VP	TITLE	
NAME	SIMPSON Ronald	NAME	
STREET ADDRESS	8644 NW 29 Dr, Coral Spgs	STREET ADDRESS	
CITY-ST-ZIP	33065	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	SIMPSON, Diane	NAME	
STREET ADDRESS	8644 NW 29 Dr, Coral Spgs	STREET ADDRESS	
CITY-ST-ZIP	Fl. 33065	CITY-ST-ZIP	DO NOT WRITE
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/2/04 | Daytime Phone # (954)344-1568

CR2E034B (12/02)