

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90093 002 \*\*\*150.00

0502120 AV

**DOCUMENT # P97000025548**

1. Entity Name  
**R & D OF MARINA ISLE, INC.**

Principal Place of Business

**15400 MILAN LANE  
 NAPLES FL 34110  
 US**

Mailing Address

**15400 MILAN LANE  
 NAPLES FL 34110  
 US**

2. Principal Place of Business

**15449 Milan Way**  
 Suite, Apt. #, etc.

3. Mailing Address

**Same**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Naples FL**

City & State

**Naples FL**

4. FEI Number

**59-3437674**

Applied For

Not Applicable

Zip

**34110**

Country

**U.S.A.**

Zip

**34110**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARLICK, THOMAS B  
~~5551 RIDGEWOOD DRIVE~~  
~~STE 101~~  
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

**5551 Ridgewood Drive Suite 101**

City

**Naples**

FL

Zip Code

**34108**

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

TITLE **D** ☐ Delete  
 NAME **RUBINTON, JON**  
 STREET ADDRESS **P.O. BOX 366128 N/A**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34105**

TITLE **D** ☐ Delete  
 NAME **DUCHARME, GREGGORY**  
 STREET ADDRESS **7401 BAY COLONY DRIVE**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **15449 Milan Way**  
 CITY-ST-ZIP **Naples, FL 34110**

TITLE ☒ Change ☐ Addition  
 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/02 941-592-0134**

Date

Daytime Phone #

CR2E034 (9/01)