

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
 03-16-2001 90056 042 ***150.00

0413703

DOCUMENT # P97000027328

1. Entity Name
RRR ASSOCIATES, INC.

Principal Place of Business

**7375 MARA VISTA
 SARASOTA FL 34238**

Mailing Address

**7375 MARA VISTA
 SARASOTA FL 34238**

932034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1465 LANDVIEW LA

3. Mailing Address

1465 LANDVIEW LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OSPREY FL

City & State

OSPREY FL

4. FEI Number **59-3442076**

Applied For

Not Applicable

Zip

34229

Country

SASA

Zip

34229

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

**KEN PERRY
 7375 MARA VISTA
 SARASOTA FL 34238**

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

Ken Perry

Mar 13, 2001

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, 2001 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 **D** ☐ Delete
 NAME **PERRY, KEN**
 STREET ADDRESS **7375 MARA VISTA DR**
 CITY-ST-ZIP **SARASOTA FL 34238**

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
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 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: *Ken Perry* **KEN PERRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

941 923 94 09

Daytime Phone #

CR2E034 (10/00)