

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90043 014 ***150.00

DOCUMENT # P97000050069

1. Entity Name

R & B COMMSERVICES, INC.

Principal Place of Business

**406 77TH STREET
 HOLMES BEACH FL 334217**

Mailing Address

**P.O. BOX 570
 ANNA MARIA FL 34216**

2. Principal Place of Business

8277 BALMORAL DR.

3. Mailing Address

3539 APALACHEE PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#13B

City & State

TALLAHASSEE, FLORIDA

City & State

TALLAHASSEE, FLORIDA

Zip

Country

32311

LEON

Zip

Country

32311

LEON

6. Name and Address of Current Registered Agent

**DIX, WILLIAM K
 142 CRESCENT DR.
 ANNA MARIA FL 34216**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **DIX, WILLIAM K**
 STREET ADDRESS **406 77TH STREET**
 CITY-ST-ZIP **HOMLES BEACH FL 34217**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

WILLIAM K. DIX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-2002

Date

850-942-2673

Daytime Phone #

CR2E034 (9/01)