

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059863

1. Entity Name

R.D.H. CONSULTING, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90116 003 ***150.00

Principal Place of Business

Mailing Address

~~362 SEDGWICK CT~~
~~NAPLES FL 34108~~

~~362 SEDGWICK CT~~
~~NAPLES FL 34108-8700~~

302
3435 Tenth Street North NAPLES, FL 34103

2. Principal Place of Business

3435 Tenth St N.

3. Mailing Address

see #2

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

4. FEI Number

65-0784316

Applied For

Not Applied For

Zip

State

Country

Zip

Country

34103

Collier

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

FAGA, ANTONIO
375 12TH AVENUE S.
NAPLES FL 34102

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HECHT, ROGER
362 SEDGWICK CT
NAPLES FL 34108
Pres & Sect
3435 Tenth St N
Suite 302
NAPLES FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P-15
ROGER D. Hecht
← 3435 Tenth St North
Suite 302 NAPLES FL 34103
☒ Change ☐ Addition

TITLE
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #