

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90029 007 \*\*\*150.00

0501941 AV

**DOCUMENT # P97000074002**

**1. Entity Name**  
**R & D GULFCOAST, 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**

**3. Mailing Address**

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

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

DO NOT WRITE IN THIS SPACE

**City & State**  
**Naples, FL**

**City & State**

**4. FEI Number** **59-3464793**

**Applied For**  
☐ **Not Applicable**

**Zip**  
**34110**

**Country** **U.S.A.**

**Zip**

**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**

**GARLICK, THOMAS B**  
~~**8889 PELICAN BAY BLVD., SUITE 800**~~  
**NAPLES FL 34108**

**Name**

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

**5501 Ridge wood Dr., Suite 101**

**City**

**Naples**

**FL**

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ **Delete**  
**NAME** **PD RUBINTON, JON**  
**STREET ADDRESS** **15400 MILAN LANE**  
**CITY-ST-ZIP** **NAPLES FL 34110**

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

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

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

**TITLE** ☐ **Delete**  
**NAME** **S KIS, MICHELLE**  
**STREET ADDRESS** **7401 BAY COLONY DRIVE**  
**CITY-ST-ZIP** **NAPLES FL 34108**

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

**TITLE** ☐ **Delete**  
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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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/02**  
 Date

**941-592-034**  
 Daytime Phone #

CR2E034 (9/01)