

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

0501941 AV

DOCUMENT # **P97000074002**

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

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

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**

3. Mailing Address  
**Same**

DO NOT WRITE IN THIS SPACE

City & State  
**Naples, FL**

City & State  
**Naples, FL**

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  
**GARLICK, THOMAS B**  
**8888 PELICAN BAY BLVD., SUITE 800**  
**NAPLES FL 34108**

7. Name and Address of New Registered Agent  
 Name  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RUBINTON, JON</b> <b>15400 MILAN LANE</b> <b>NAPLES FL 34110</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15449 Milan Way</b> <b>Naples, FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP</b> <b>DUCHARME, GREGGORY</b> <b>7401 BAY COLONY DRIVE</b> <b>NAPLES FL 34108</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>KIS, MICHELLE</b> <b>7401 BAY COLONY DRIVE</b> <b>NAPLES FL 34108</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** Date **2/11/02** Daytime Phone # **941-592-034**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)