

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90122 049 ***158.75

DOCUMENT # P97000093434

1. Entity Name

R.T.INVESTMENTS, INC.

Principal Place of Business

63 PINE FOREST DRIVE
HAINES CITY FL 33844

Mailing Address

P.O. BOX 1284
HAINES CITY FL 33845-1284
US

2. Principal Place of Business

411 Hwy 17-92

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1168

Suite, Apt. #, etc.

HAINES City #1A.

City & State

Haines City #1A

Zip

33844

Country

USA

City & State

Zip

33845

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3496173

Applied For

Not Applied

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, RALPH
63 PINE FOREST DRIVE
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name

Bobby TALARICO

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

411 Hwy 17-92

City

HAINES CITY

FL

Zip Code 33844

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

Bobby TALARICO, PT.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-2000

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

TITLE PT
NAME RICHARDSON, RALPH
STREET ADDRESS 63 PINE FOREST DRIVE
CITY-ST-ZIP HAINES CITY FL 33845 ☒ Delete

TITLE VPS
NAME TALARICO, BOBBY
STREET ADDRESS 14 PINE FOREST CIRCLE
CITY-ST-ZIP HAINES CITY FL 33844 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME Bobby Talarico
STREET ADDRESS 411 Hwy 17-92
CITY-ST-ZIP Haines City #1A 33844 ☒ Change ☐ Add

TITLE VPS
NAME Nancy Talarico
STREET ADDRESS 411 Hwy 17-92
CITY-ST-ZIP Haines City #1A 33844 ☒ Change ☐ Add

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

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

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

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

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: Bobby TALARICO, PT.

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00

Date

863-422-8355

Daytime Phone #