

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093434

1. Entity Name

R.T.INVESTMENTS, INC.

Principal Place of Business

411 HWY 17-92  
HAINES CITY FL 33844

Mailing Address

PO BOX 1168  
HAINES CITY FL 33845  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3496173

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

TALARICO, BOBBY  
411 HWY 17-92  
HAINES CITY FL 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

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, 2001 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 PT ☐ Delete  
NAME TALARICO, BOBBY  
STREET ADDRESS 411 HWY 17-92  
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☒ Change ☐ Addition  
NAME Same  
STREET ADDRESS 66 Hwy 27 And Crump Road  
CITY-ST-ZIP Lake Hamilton, FL 33851

TITLE VPS ☐ Delete  
NAME TALARICO, NANCY  
STREET ADDRESS 411 HWY 17-92  
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☒ Change ☐ Addition  
NAME Same  
STREET ADDRESS 66 Hwy 27 And Crump Road  
CITY-ST-ZIP Lake Hamilton, FL 33851

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90033 012 \*\*\*150.00

624689



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)