

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-21-2002 90090 010 ***150.00

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.

4700 Crump Road - Suite A

Suite, Apt. #, etc.

Lake Hamilton, FL

City & State

33851

US

Zip

Country

4. FEI Number **59-3496173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TALARICO, BOBBY
 411 HWY 17-92
 HAINES CITY FL 33844**

Name

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

4700 Crump Road - Suite A

Lake Hamilton

FL

33851

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
 NAME **TALARICO, BOBBY**
 STREET ADDRESS **68 HWY 27 AND CRUMP RD**
 CITY-ST-ZIP **LAKE HAMILTON FL 33851**

TITLE **VPS** ☐ Delete
 NAME **TALARICO, NANCY**
 STREET ADDRESS **68 HWY 27 AND CRUMP RD**
 CITY-ST-ZIP **LAKE HAMILTON FL 33851**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☐ Addition
 NAME **Bobby Talarico**
 STREET ADDRESS **4700 Crump Road - Suite A**
 CITY-ST-ZIP **Lake Hamilton, FL 33851**

TITLE **VPS** ☒ Change ☐ Addition
 NAME **Nancy Talarico**
 STREET ADDRESS **4700 Crump Road - Suite A**
 CITY-ST-ZIP **Lake Hamilton, FL 33851**

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

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

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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:

Robert Talarico

3/6/02

Date

863/422-8355

Daytime Phone #

CR2E034 (9/01)