## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 21, 2002 8:00 am Secretary of State

05-21-2002 91167 027 \*\*\*150.00

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1. Entity Name

R AND B HOLDINGS GROUP, INC.

DO	NOT	WRITE	IN THIS	SPACE
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2. Principal Place of Business	3. Mailing Addre	3. Mailing Address 717 E. OAK STREET		•		
840 EAST HWY 50	717 E.					
Suite, Apt. #, etc. Suite, Apt. #, etc.		etc.		DO NOT WRITE IN THIS SPACE		
City & State	City & State		4. FEI Number		Applied For	
CLERMONT, FL	KISSIMM	EE, FL	59-349	4542	Not Applicable	
Zip Country		Country	5. Certificate of St		.75 Additional Required	
DO NOT WRITE			7. Name and Address of Current Registered Agent			
			Name RALSTON, STEPHEN M. Street Address (P.O. Box Number is Not Acceptable) 220 E. MONUMENT AVE.			
		City	KISSIMMEE	FL	Zip Code <b>34741</b>	
8. The above named entity submits the	nis statement for the purpose of cha	inging its registered office of	r registered agent, or both, in t	he State of Florida.		
·		•	•			
SIGNATURE Signature, typed or printed name	e of registered agent and title if applicable.	(NOTE: Registered Agent signa	lure 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)  January 1 - May 1 Fee is \$150 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department		0 10. Election Trust Fu	Campaign Financing and Contribution.	\$5.00 May Be Added to Fees		
L - 1	FFICERS AND DIRECTORS					
TITLE PTD	•	TITLE	•			

RALSTON, STEPHEN M STREET ADDRESS 1660 GRANDVIEW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMEE, FL 34744 VSD TITLE TITLE NAME NAME DYE, JOHN E STREET ADDRESS STREET ADDRESS 113 W. DIVISION CITY-ST-ZIP CITY-ST-ZIP CLERMONT, FL 34712 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SCEPHEN M.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. DYE Stephen M. Ralston

4/30/02

407-518-1000

Date

Daytime Phone #

CR2E034B (12/01)