

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90151 007 ***150.00

DOCUMENT # P98000021028

1. Entity Name

R&D BEACH PROPERTIES, INC.



Principal Place of Business

**15449 MILAN WAY
NAPLES FL 34110**

Mailing Address

**15449 MILAN WAY
NAPLES FL 34110**

2. Principal Place of Business

14835 Bellozza Lane

Suite, Apt. #, etc.

3. Mailing Address

14835 Bellozza Lane

Suite, Apt. #, etc.

City & State

Naples, FL 34110

Zip

Country

US

City & State

Naples, FL

Zip

34110

Country

US

4. FEI Number

59-3505188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GARLICK, THOMAS B
5551 RIDGEWOOD DRIVE
SUITE 101
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RUBINTON, JON**
STREET ADDRESS **15449 MILAN WAY**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **PD** ☐ Delete
NAME **RUBINTON, JON**
STREET ADDRESS **15449 MILAN WAY**
CITY-ST-ZIP **NAPLES FL 34110**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03

Date

239-592-0134

Daytime Phone #

CR2E034 (10/02)