

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90262 037 ***158.75

DOCUMENT # P98000082592

1. Entity Name
T & R ENTERPRISES, INC. OF NORTH FLORIDA



Principal Place of Business
**926 LEE CT
CALLOWAY FL 32404**

Mailing Address
**P O BOX 10010
CALLOWAY FL 32404**



2. Principal Place of Business
644 Florida Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit G

City & State
Panama City, FL

City & State

Zip
32401

Country
USA

Zip

Country

4. FEI Number
59-3612602

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

**RIGBY, RICHARD
926 LEE CT
CALLOWAY FL 32404**

Name

Richard Rigby

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

644 Florida Avenue Unit G

City

Panama City

FL

Zip Code

32401

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.

(NOT Registered Agent signature required when reinstating)

DATE

4/21/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input type="checkbox"/> Delete
NAME	RIGBY, TIFFANEY	
STREET ADDRESS	926 LEE CT	
CITY-ST-ZIP	CALLOWAY FL 32404	
TITLE	PT	<input type="checkbox"/> Delete
NAME	RIGBY, RICHARD	
STREET ADDRESS	926 LEE CT	
CITY-ST-ZIP	CALLOWAY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tiffany Rigby	
STREET ADDRESS	644 Florida Avenue	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Rigby	
STREET ADDRESS	644 Florida Avenue	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Richard Rigby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/03

Daytime Phone #

CR2E034 (10/02)