

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083269

1. Entity Name

R & R SALES, INC.

**FILED**  
May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90027 007 \*\*\*150.00

Principal Place of Business

Mailing Address

7416 COUNTY ROAD 795  
LIVE OAK FL 32060

P.O. BOX 893  
LIVE OAK FL 32064-0893

040203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3536357

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FUCHS, LAWRENCE M  
7416 COUNTY ROAD 795  
LIVE OAK FL 32064

Name RONNY W. NOBLES

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

7416 County Rd. 795

City LIVE OAK

FL

Zip Code 32064

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

Ronny Nobles

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, 2000 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	DPT	<input type="checkbox"/> Delete
NAME	NOBLES, RONNY W	
STREET ADDRESS	P.O. BOX 893	
CITY-ST-ZIP	LIVE OAK FL 32064	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	NOBLES, RANDY K	
STREET ADDRESS	P.O. BOX 893	
CITY-ST-ZIP	LIVE OAK FL 32064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ronny Nobles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)