

**2000 UNIFORM BUSINESS REPORT (UBR)**

2001

**DOCUMENT #** P98000097399**1. Entity Name**  
RTB SERVICES, INC.**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90175 016 \*\*\*150.00

**A0067085**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
233 SARASOTA CENTER BLVD.  
SARASOTA, FL 34240**Mailing Address**  
P. O. BOX 10385  
SARASOTA, FL 34278**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number**

65-0883528

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**E. JOHN LOPEZ  
1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236**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.****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, 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**☐ DeleteD  
COOK, RANDALL A.  
P. O. BOX 10385  
SARASOTA, FL 34278☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
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CITY-ST-ZIP☐ Change☐ AdditionTITLE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)