

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 11, 2000 8:00 am  
Secretary of State

07-11-2000 90174 021 \*\*\*150.00

DOCUMENT # P98000101072

1. Entity Name

R & D CONSULTING AND MARKETING INC.

R

Principal Place of Business

2666 EMERALD LAKE CT.  
KISSIMMEE FL 34744

Mailing Address

2666 EMERALD LAKE CT.  
KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3546139

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

CASSIDY, D.R.  
2666 EMERALD LAKE CT.  
KISSIMMEE FL 34769

Name

D.R. Cassidy

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

2666 EMERALD LAKE CT.

City

Kissimmee,

FL

Zip Code

34744

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 P  
NAME CASSIDY, DONALD  
STREET ADDRESS 2666 EMERALD LAKE CT  
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

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

TITLE VP  
NAME HOLECHEK, RICHARD  
STREET ADDRESS 2650 EMERALD LAKE CT  
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

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

TITLE TDS  
NAME CASSIDY, PATSY S  
STREET ADDRESS 2666 EMERALD LAKE CT.  
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

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

TITLE VD  
NAME HOLECHEK, CHRISTINE  
STREET ADDRESS 2650 EMERALD LAKE CT.  
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00

Date

407-933-1222

Daytime Phone #

CR2E034 (5/00)

Attachment  
D#P98000701072  
0069200

Florida Dept of State  
Div. of Corporations

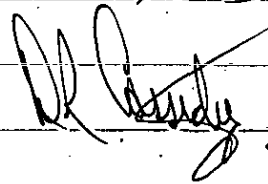
7-7-00

Gentlemen:

I Called Your Office This AM And  
Informed Them That This Was The First Copy Of  
The Business Reporting Form We Have Received.

I WAS INSTRUCTED TO WRITE THIS LETTER, Complete  
The Form And Mail The Paper Amount OF \$150.00 <sup>UP</sup> <sup>FR</sup>  
THANKS For Your Help.

Regards



President  
R. & D Consulting

P.S

All Addresses Were And Are Correct.