2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2001 08:00 AM
Secretary of State

DOCUMENT # **P98000101072**

1. Entity Name
R & D CONSULTING AND MARKETING INC.

Principal Place of Business	Mailing Address
2666 EMERALD LAKE CT.	2666 EMERALD LAKE CT.
KISSIMMEE FL 34744	KISSIMMEE FL 34744

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3546139** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASSIDY D.R
2666 EMERALD LAKE COURT
KISSIMMEE FL
34769

7. Name and Address of New Registered Agent

Name
CASSIDY D.R
Street Address (P.O. Box Number is Not Acceptable)
2666 EMERALD LAKE COURT
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 _____ **04/21/2001**
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOLECHEK CHRISTINE 2650 EMERALD LAKE CT. KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOLECHEK CHRISTINE 2690 EMERALD LAKE CT. KISSIMMEE FL 34744	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDS CASSIDY PATSY S 2666 EMERALD LAKE CT. KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOLECHEK RICHARD 2650 EMERALD LAKE CT KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOLECHEK RICHARD 2690 EMERALD LAKE CT KISSIMMEE FL 34744	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASSIDY DONALD 2666 EMERALD LAKE CT KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASSIDY DONALD RPRES. 2666 EMERALD LAKE CT KISSIMMEE FL 34744	☒ 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

CR2E034 (11/00)

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: DR Cassidy P 04/21/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #