## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 01, 2001 8:00 am DOCUMENT # P98000104530 **Secretary of State** R. S & R MAINTENANCE, INC. 02-01-2001 90033 050 \*\*\*150.00 Principal Place of Business Mailing Address 1050 HOOVER RD PO BOX 1226 WINTER HAVEN FL 33880 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3547382 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEFLIN, RICKEY Street\_Address (P.O. Box Number is Not Acceptable) 523 VICTORIA BOULEVARD Corfeenan CLOVER ROAD AUBURNDALE FL 33823 AUBURNDALE 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. JAN 25,2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition ☐ Delete TITLE TITLE CORRECTIONS HEFLIN, PICKY 4827 CLOVER ROAD HEFLIN, RICKEY NAME NAME **523 VICTORIA BLVD** STREET ADDRESS STREET ADDRESS AUBURNDALE FL 33823 CITY-SY-ZIP CITY-ST-ZIP AUBURDALE FL 33823 ☐ Addition Delete ☐ Change TITLE TITLE HEFLIN, RICHARD W HEFLIN, RICHARD N corrections NAME NAME STREET ADDRESS 4827 CLOVER RD STREET ADDRESS 515 TANGLEWOOD DRIVE AUBURNOALE FL 33823 CITY-ST-7IP AUBURNDALE FL 33823 CITY-ST-ZIP ☐ Change Addition TITLE \_\_Delete\_ TITLE HEFLIN, CHRISTOPHER S NAME NAME STREET ADDRESS 292 DIAMOND RIDGE BLVD STREET ADDRESS CITY-ST-ZIP **AUBURNDALE FL 33823** CITY-ST-7IP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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.

RICKY

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OF

HEFLIN