

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015045

1. Entity Name

CT & RS DEVELOPMENT, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90159 018 ***150.00

Principal Place of Business

Mailing Address

17 NELMAR AVE.
ST. AUGUSTINE FL 32095

17 NELMAR AVE.
ST. AUGUSTINE FL 32095-2140

2. Principal Place of Business

2899 Powers Ave

Suite, Apt. #, etc.

Suite 2

City & State

Jacksonville FL

Zip
32207

Country

USA

3. Mailing Address

2899 Powers Ave

Suite, Apt. #, etc.

Suite 2

City & State

Jacksonville FL

Zip

32207

Country

USA

00004533



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3560698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLES, JOSEPH L JR.
120 CHARLOTTE ST
ST. AUGUSTINE FL 32084

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

TITLE ☐ Delete
NAME P Robert G. Stursburg
STREET ADDRESS 132 Oakview Circle
CITY-ST-ZIP PVB FL 32082

TITLE ☐ Delete
NAME VP Christopher R. Tasker
STREET ADDRESS 17 Nelmar Drive
CITY-ST-ZIP St Augustine FL 32095

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)