

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000034080**1. Entity Name
R & R FLEET MAINTENANCE INC.Principal Place of Business
2053 BAINBRIDGE HIGHWAY
QUINCY FL 32351
Mailing Address
2053 BAINBRIDGE HIGHWAY
QUINCY FL 323512. Principal Place of Business
101 2ND STREET3. Mailing Address
PO BOX 427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BRISTOL FLCity & State
BRISTOL FL4. FEI Number
58-2464355Applied For
Not ApplicableZip Country
323215. 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****MANSPEAKER RACHEL**
2053 BAINBRIDGE HIGHWAY

QUINCY FL 32351 US

Name
MANSPEAKER RACHELStreet Address (P.O. Box Number is Not Acceptable)
101 2ND STREETCity
BRISTOL FL Zip Code
32321

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 **RACHEL MANSPEAKER****04/29/2001**

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 State10. 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 V ☐ Delete
NAME **MANSPEAKER RACHEL W**
STREET ADDRESS **2053 BAINBRIDGE HIGHWAY**
CITY-ST-ZIP **QUINCY FL 32351**TITLE V ☒ Change ☐ Addition
NAME **MANSPEAKER RACHEL W**
STREET ADDRESS **101 2ND STREET**
CITY-ST-ZIP **BRISTOL FL 32321**TITLE P ☐ Delete
NAME **MANSPEAKER ROBERT H**
STREET ADDRESS **2053 BAINBRIDGE HIGHWAY**
CITY-ST-ZIP **QUINCY FL 32351**TITLE P ☒ Change ☐ Addition
NAME **MANSPEAKER ROBERT H**
STREET ADDRESS **101 2ND STREET**
CITY-ST-ZIP **BRISTOL FL 32321**TITLE ☐ Delete
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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: ROBERT H. MANSPEAKER**P****04/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)