

2001 UNIFORM BUSINESS REPORT (UBR)

4/17

FILED

May 22, 2001 8:00 am
Secretary of State

04-17-2001 90031 049 ***150.00

DOCUMENT # **P99000039972**

1. Entity Name

R5B II Etc Inc.

Principal Place of Business

Mailing Address

**6860 Gulfport Blvd S.
St. Petersburg, FL 33707**

2. Principal Place of Business

Mail Boxes Etc.

3. Mailing Address

6860 Gulfport Blvd S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL

4. FEI Number

59-3575009

Applied For

Not Applicable

Zip

Country

Zip

Country

33707

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

Robert J Bedore

Vice President

**6860 GULFPORT BLVD S.
ST. PETERSBURG, FL
33707**

Name

Rory J Bedore

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

6860 Gulfport Blvd S

City

St Petersburg

FL

Zip Code

33707

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

Rory J Bedore

4/30/01

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

☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Robert J Bedore	<input type="checkbox"/> Delete
NAME	6860 Gulfport Blvd S.	
STREET ADDRESS	St. Petersburg, FL 33707	
CITY-ST-ZIP	Vice Pres.	
TITLE	Rory J Bedore	<input type="checkbox"/> Delete
NAME	14755 Feather Cove Rd.	
STREET ADDRESS	Clearwater, FL 33762 Pres.	
CITY-ST-ZIP		
TITLE	Susan M. Bedore	<input type="checkbox"/> Delete
NAME	13694 Eagles Walk Dr.	
STREET ADDRESS	Clearwater, FL 33762 Treas.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rory J Bedore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01 727-381-6245

Date

Daytime Phone #

CR2E034 (11/00)