

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90029 017 ***150.00

0501852 AV

DOCUMENT # P99000042305

1. Entity Name
R&D HOMES, INC.

Principal Place of Business
15400 MILAN LANE
NAPLES FL 34110

Mailing Address
15400 MILAN LANE
NAPLES FL 34110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15449 Milan Way

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34110

Country

U.S.A

Zip

34110

Country

U.S.A

4. FEI Number

59-3577156

Applied For

Not Applicable

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

GARLICK, THOMAS B ESQ.

~~6669 PELICAN BAY BOULEVARD, SUITE 600~~

~~NAPLES FL 34106~~

Name

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

5501 Ridgewood Dr., Suite 101

City

Naples

FL

Zip Code

34110

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	RUBINTON, JON	
STREET ADDRESS	15400 MILAN LANE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUBINTON, JON	
STREET ADDRESS	15400 MILAN LANE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15449 Milan Way	
STREET ADDRESS	Naples, FL	
CITY-ST-ZIP	34110	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15449 Milan Way	
STREET ADDRESS	Naples, FL	
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

941 592-0134

Date

Daytime Phone #

CR2E034 (9/01)