

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90057 033 ***150.00

DOCUMENT # P99000096883

1. Entity Name
RCRD, INC.

Principal Place of Business
8286 WESTERN WAY CIRCLE
STE D8
JACKSONVILLE FL 32256
US

Mailing Address
8286 WESTERN WAY CIRCLE
STE D8
JACKSONVILLE FL 32256
US

2. Principal Place of Business
610 EAST 10th STREET
Suite, Apt. #, etc.

3. Mailing Address
610 EAST 10th STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL
Zip
32206
Country
U.S.

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Jacksonville, FL
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32206
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4. FEI Number 59-3604551
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUBIN, LEWIS
3013 CALDER DRIVE
JACKSONVILLE FL 32250

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 DATE 3-26-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, LEWIS D 3013 CALDER DRIVE JACKSONVILLE FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOGHOS, CAMILLE 8000 BAYMEADOWS CIRCLE E APT 101 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUBIN, SANDRA H 3013 CALDER DRIVE JACKSONVILLE FL 32250 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOUKHEIR, ANTOINE 249 PARK ST WEST ROXBURY MA 02132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Boghos, Camille 4775 WASSAIL DRIVE Jacksonville, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Boukheir, Antoine 249 PARK ST. West Roxbury, MA 02132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 3-26-01 904-356-7750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0022288

CR2E034 (10/00)