

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 990000 98883

1. Entity Name

R.C.R.D INC

Principal Place of Business

Mailing Address

610 E 10th ST.

JACKSONVILLE. FL 32206

2. Principal Place of Business

4775 WASSAIL DR

3. Mailing Address

4775 WASSAIL DR

Suite, Apt., etc.

Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

593604551

☒ Applied For
☐ Not Applicable

Zip

32257

Country

DUVAL

Zip

32257

Country

DUVAL

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

Name

CAMILLE BOGHOS

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

4775 WASSAIL DRIVE

City

JACKSONVILLE

FL

Zip Code

32257

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

Camille Boghos

CAMILLE BOGHOS

09-13-01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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

- Trust Fund Contribution. - ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

LEWIS RUBIN
3013 CALDER PRESIDENT
JACKSONVILLE, FL 32250

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V.P. CAMILLE BOGHOS
4775 WASSAIL DR
JACKSONVILLE, FL 32257

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P. CAMILLE BOGHOS

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

50000461865
-10/01/01--01031-022
*****70.00 *****70.00

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Ba/28

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Camille Boghos

CAMILLE BOGHOS

09-13-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Entity

Long-term Filings #

CR2E034 (11/00)