

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104975

1. Entity Name

R & B SERVICES OF CENTRAL FLORIDA, INC.

FILED

May 17, 2001 8:00 am
Secretary of State

05-17-2001 91084 012 ***150.00

Principal Place of Business 4507 CALENDULA DR ORLANDO FL 32824	Mailing Address 4507 CALENDULA DR ORLANDO FL 32824
--	--

2. Principal Place of Business 4142 Gulfstream Bay Ct. Suite, Apt. #, etc.	3. Mailing Address 4142 Gulfstream Bay Ct. Suite, Apt. #, etc.
--	--

City & State Orlando, Fla.	City & State Orlando, Fla.
Zip 32822	Country USA

4. FEI Number 59-3611304	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCGARRY, WILLIAM E 4507 CALENDULA DR ORLANDO FL 32824	7. Name and Address of New Registered Agent Name William E. McGarry Street Address (P.O. Box Number is Not Acceptable) 4142 Gulfstream Bay Ct. City Orlando FL Zip Code 32822
--	--

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 William E. McGarry William E. McGarry 4-16-01
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	PD MCGARRY, WILLIAM E 4507 CALENDULA DR ORLANDO FL 32824 4142 Gulfstream Bay Ct. Orlando, Fla. 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McGarry, William E. 4142 Gulfstream Bay Ct. Orlando, Fla. 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: William E. McGarry 4-16-01 407)448-4716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)