

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111936

1. Entity Name

R & M ENTERPRISES OF N.W. FLA., INC.

Principal Place of Business

NAVARRE PARKWAY
FL 32566

Mailing Address

8174 NAVARRE PARKWAY
NAVARRE FL 32566

2. Principal Place of Business

2034 Indigo Dr.
Suite, Apt. #, etc.

3. Mailing Address

81668 Navarre Pkwy
Suite, Apt. #, etc.
#347

City & State

Navarre FL

City & State

Navarre FL

Zip

32566

Country

USA

Zip

32566

Country

USA

6. Name and Address of Current Registered Agent

RODERICK, PHILLIP C

8174 NAVARRE PARKWAY 8668 NAVARRE PKWY
NAVARRE FL 32566

4. FEI Number

59-3617133

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

Phillip Roderick, President

(Signature, type 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, 2000 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	Phillip Roderick	
STREET ADDRESS	1928 catamaran DRIVE	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Cheryl Magness	
STREET ADDRESS	7661 martha way	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	Cheryl Magness	
STREET ADDRESS	7661 martha way	
CITY-ST-ZIP	Navarre FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Cheryl Magness, R.P.

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-10-2000 90133 032 ***150.00



DO NOT WRITE IN THIS SPACE