

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S16004

1. Entity Name

R & R WORKS, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90251 024 ***150.00

Principal Place of Business

30846 US HWY 19 N
PALM HARBOR FL 34684
US

Mailing Address

30846 US HWY 19 N
PALM HARBOR FL 34684-4409
US

2. Principal Place of Business

21905 US Hwy 19 N
Suite, Apt. #, etc.

3. Mailing Address

21905 US Hwy 19 N
Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3139938

Applied For

Not Applicable

Zip

33765

Country

Pinellas

Zip

33765

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVENREICH, DAVID C.
406 S PROSPECT
SUITE 206
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

ALBERT H RODRIGUEZ

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

894 ISLAND WAY

City

CLEARWATER, FL

FL

Zip Code

33767

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

A. H. Rodriguez

A. H. RODRIGUEZ, VICE PRES 4-28-00

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, 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	DPS	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALBERT H.	
STREET ADDRESS	894 ISLAND WY	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DONNA J.	
STREET ADDRESS	894 ISLAND WY	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)