

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90106 005 ***558.75

DOCUMENT # S59068

1. Entity Name
R AND R LEMARBRE, INCORPORATED

Principal Place of Business

**13951 HARBORVIEW DR
 SEMINOLE FL 33776
 US**

Mailing Address

**13951 HARBORVIEW DR
 SEMINOLE FL 33776
 US**

2. Principal Place of Business

3213 MANATEE AVE W.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

BRADENTON FL

4. FEI Number

65-0269068

Applied For

☒ Not Applicable

Zip

34205

Country

MANATEE

Zip

MANATEE

Country

MANATEE

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CACCIATORE, FRANK
 2803 NORTH "B" ST.
 TAMPA FL 33609**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **VTD** ☒ Delete
 NAME **LEMARBRE, RICHARD**
 STREET ADDRESS **13951 HARBORVIEW DR**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE **PSD** ☐ Delete
 NAME **LEMARBRE, RITA**
 STREET ADDRESS **13951 HARBORVIEW DR.**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTD** ☒ Change ☐ Addition
 NAME **Lemarbre, Rita**
 STREET ADDRESS **13951 Harborview Dr**
 CITY-ST-ZIP **SEMINOLE, FL. 33776**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

RITA LEMARBRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/02 (727) 398-5627

cell#: 727-510-0714

CR2E034 (4/02)