

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # **S76835**

1. Entity Name

R.H.D.P. INC.

FILED

01 MAR 27 AM 9:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**6043 US HWY 17 South
Green Cove Spgs FLA
32043**

Mailing Address

**P.O. Box 1094
Green Cove Spgs FL
32043**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3105172

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HAZEL M ROSS
6043 HWY 17 South
Green Cove Spgs FLA
32043**

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 *Hazel M Ross*

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 \$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

TITLE **PSTD** ☐ Delete
NAME **ROSS HAZEL M**
STREET ADDRESS **6043 HWY 17 S**
CITY-ST-ZIP **Green Cove Spgs FLA 32043**

TITLE **U.P.** ☒ Delete
NAME **FAIR CHRISTY**
STREET ADDRESS **P.O. Box 1094**
CITY-ST-ZIP **Green Cove Spgs FLA 32043**

TITLE **S** ☒ Delete
NAME **Edick, Gerald**
STREET ADDRESS **P.O. Box 1094**
CITY-ST-ZIP **Green Cove Spgs FLA 32043**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100003932351-3
-03/30/01--01099--028
*******8.75 *****8.75**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100003932351-3
-03/30/01--01099--028
*******61.25 *****61.25**

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

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: *Hazel M Ross*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01 904-284-4009

Date

Daytime Phone #

CR2E034 (11/00)