

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13868

1. Entity Name

RF SPECIALTIES OF FLORIDA, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90012 034 ***150.00

Principal Place of Business

33 JOHN SIMS PARKWAY
VALPARAISO FL 32580
US

Mailing Address

33 JOHN SIMS
1
VALPARAISO FL 32580
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

33 JOHN SIMS PARKWAY

City & State

Suite, Apt. #, etc.

33 JOHN SIMS PARKWAY

City & State

Zip

Country

Zip

Country

32580



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3104617

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOISINGTON, WILLIAM K.
33 JOHN SIMS PARKWAY
VALPARAISO FL 32580

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

Signature, typed or printed name of registered agent and date if applicable (Typed 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	S	<input type="checkbox"/> Delete
NAME	MCCOY, GENE JR	
STREET ADDRESS	3516 53RD ST	
CITY-ST-ZIP	COLUMBUS NE 68601	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCOY, GENE SR	
STREET ADDRESS	719 N 2ND	
CITY-ST-ZIP	HASTINGS NE 68901	
TITLE	V	<input type="checkbox"/> Delete
NAME	TURNER, WILLIAM P.	
STREET ADDRESS	271 GRANDVIEW	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOISINGTON, WILLIAM K.	
STREET ADDRESS	4706 YOONY RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
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
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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

1/29/00 800618
8943