

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55729

1. Entity Name

R & R AUTO OF BREVARD, INC.

Principal Place of Business

1258 S. US #1--
ROCKLEDGE FL 32955

Mailing Address

1258 S. US #1
ROCKLEDGE FL 32955

2. Principal Place of Business

1025 BOTANY LANE

Suite, Apt. #, etc.

3. Mailing Address

1025 BOTANY LANE

Suite, Apt. #, etc.

City & State

ROCKLEDGE, FL

City & State

ROCKLEDGE FL

Zip

Country

32955 USA

Zip

Country

32955 USA

4. FEI Number 59-3136627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAVER, BRENDA
1258 S. US #1
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name BRENDA RAVER
Street Address (P.O. Box Number is Not Acceptable)
1025 BOTANY LANE
City ROCKLEDGE FL Zip Code 32955

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 Brenda Raver BRENDA RAVER, VP 3/13/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) 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	PD	<input type="checkbox"/> Delete
NAME	RAVER, GARY B JR.	
STREET ADDRESS	1025 BOTANY LN	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RAVER, BRENDA	
STREET ADDRESS	1025 BOTANY LN	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RAVER, LON	
STREET ADDRESS	804 GARDNER RD.	
CITY-ST-ZIP	ROCKLEDGE FL	
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		
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	
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: Brenda Raver BRENDA RAVER 3/13/01 (321)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 690-0960

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90242 035 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)