

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90073 005 ***150.00

DOCUMENT # P96000016520

1. Entity Name

RHINO PROPERTY MANAGEMENT INC.

Principal Place of Business 14001 NEPHI PLACE TAMPA FL 33613	Mailing Address PO BOX 3781 CLEAR WATER FL 33767
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2. Principal Place of Business 13710 N. 19th Street	3. Mailing Address 13710 N. 19th Street
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc. Suite 102
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33613	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3380946	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOEBEL, THOMAS 1340 GULF BLVD 20 E CLEAR WATER FL 33767	7. Name and Address of New Registered Agent Name Mary Ann Stafford Street Address (P.O. Box Number is Not Acceptable) 13710 N. 19th Street Suite 102 City Tampa FL Zip Code 33613
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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 *Mary Ann Stafford* **4/26/2000**
 Signature, typed or printed name of registered agent and title if applicable DATE
Mary Ann Stafford

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 \$250.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GOEBEL, HENRY A 13312 MORAN DR TAMPA FL 33618 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP S/T Jeffrey W. Denny c/o Valley Ridge Investments, L.C. 600 Southwood Blvd., Suite 207 Incline Village, NV 89450 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 fks empowered.

SIGNATURE: *Jeffrey W. Denny* **4/24/2000** (250) 334-9686
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

Jeffrey W. Denny