2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
05-20-2002 90073 025 ***150.00

DOCUMENT # P96000016520

1. Entity Name

RHINO PROPERTY MANAGEMENT INC.

Principal Place of Business	Mailing Address
11961 N. FLORIDA AVE. SUITE A TAMPA FL 33612 US	11961 N. FLORIDA AVE. SUITE A TAMPA FL 33612 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 3781
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Clearwater FL
Zip / Country	Zip: 33747 / Country

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

PHETHEAN, DAVID A MANAGER
11961 N. FLORIDA AVE.
SUITE A
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name: THOMAS GOEBEL
Street Address (P.O. Box Number is Not Acceptable): 200 WINDWARD PASSAGE
City: CLEARWATER **FL** Zip Code: 33767

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 _____ DATE 4/24/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES DENNY, JEFFREY W PRES. 800 SOUTHWOOD BLVD. SUITE 207 INCLINE VILLAGE NV 89450	☑ Delete	Pres GOEBEL, THOMAS Pres 200 WINDWARD PASSAGE CLEARWATER, FL 33767	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: _____ THOMAS GOEBEL Pres — 4/24/02 — 727-458-4524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #