2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90287 031 ***150.00

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DOCUMENT # P96000016520

1. Entity Name
RHINO PROPERTY MANAGEMENT INC.

Principal Place of Business	Mailing Address
11961 N. FLORIDA AVE.	P.O. BOX 3781
SUITE A	CLEARWATER FL 33767
TAMPA FL 33612	US
US	

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2908 Eagle Est Cir N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Clearwater FL		City & State	
Zip: 33761	Country: Pinellas	Zip	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

GOEBEL, THOMAS
200 WINDWARD PASSAGE
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name: Thomas Goebel
Street Address (P.O. Box Number is Not Acceptable): 2908 Eagle Est Cir N.
City: Clearwater FL Zip Code: 33761

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Thomas Goebel [signature] DATE: 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOEBEL, THOMAS		NAME		
STREET ADDRESS	200 WINDWARD PASSAGE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33767		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Goebel [signature] 4/28/03 727 458 4524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #