

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90095 012 ***150.00

DOCUMENT # P99000093687
 1. Entity Name
RLG MANAGEMENT, INC.

Principal Place of Business Mailing Address
151 EAST BURGESS ROAD **151 EAST BURGESS ROAD**
PENSACOLA FL 32503 **PENSACOLA FL 32503-7244**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3216 S. HIGHWAY 95-A **3216 S. HIGHWAY 95-A**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CANTONMENT, FL **CANTONMENT, FL**

Zip Country Zip Country
32533 **32533** **32533** **32533** **32533** **32533** **32533**

4. FEI Number Applied For
59-3603596 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GODWIN, RALPH L JR.
2920 STEFANI ROAD
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
3216 S. HIGHWAY 95-A

City State Zip Code
CANTONMENT, FL **FL** **32533**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Ralph L. Godwin, Jr. 4-26-00 850-477-5320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RALPH L. GODWIN, JR.

CR2E034 (9/99)