2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am **DOCUMENT # \$86859 Secretary of State** 1. Entity Name RTM CONSULTING GROUP, INC. 02-03-2001 90028 049 ***150.00 Principal Place of Business Mailing Address 337 JAMAICA WAY 337 JAMAICA WAY NICEVILLE FL 32578 NICEVILLE FL 32578 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 7169 STATE HWY 2 W TIGO STATE HWY 2 W DEFUNIAK SPRINGS, FL 32433-5736 4. FEI Number DEFUNIAK-SPRINGS, FL 32433-5736 Applied For 59-3092121 Not Applicable Zip Country Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOK, EARL J. Street Address (P.O. Box Number is Not Acceptable) 337 JAMAICA WAY 7169 STATE HWY 2 W NICEVILLE FL 32578 DeFUNIAK SPRINGS, FL 32433-5736 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS ☐ Change Addition TITLE □ Defete TITLE COOK, EARL J NAME NAME 7169 STATE HWY 2 W 337 JAMAICA WAY LADDRESS STREET ADDRESS DeFUNIAK SPRINGS, FL 32433 5736 719 NICEVILLE FL CITY-ST-7IP ☐ Delete ☐ Addition ☐ Change TITLE COOK, BETTIE J 7169 STATE HWY 2 W NAME NAME 36 ET ADDRESS CITY-ST-ZIP STREET ADDRESS 387 JAMAICA WAT DeFUNIAK SPRINGS, FL 32433 CITY-ST-ZIP NIGEVILLE 1 Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ (hange Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

250-834-5005

Daytime Phone #