FILED

2003 FOR PROFIT CORPORATION

Jan 16, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UB) DOCUMENT # \$86859 1. Entity Name 01-16-2003 90151 001 ***150.00 RTM CONSULTING GROUP, INC. Principal Place of Business Mailing Address 7169 STATE HWY 2 W 7169 STATE HWY 2 W DEFUNIAK SPRINGS FL 32433-5736 DEFUNIAK SPRINGS FL 32433-5736 HS 2. Principal Place of Business 3. Mailing Address WOODBINE SAME Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For RESTURN 59-3092121 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, EARL J. Street Address (PO. Box Number is Not Acceptable) 7169 STATE HWY 2 W DEFUNIAK SPRINGS FL 32433-5736 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 regisered agent SIGNATURE 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. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Cl Change Addition COOK, EARL J NAME NAME 2412 WOODISING DIC 7109 STATE HWY 2 STREET ADDRESS RASNIRW FL STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433-CITY-ST-ZIE TITLE TITLE ☐ Change ■ Addition NAME Cook. Bettie j NAME 7-109-STATE HWY 2 W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>-9509</u> TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 attac

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR