2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000074715 Mar 09, 2000 8:00 am 1. Entity Name RMC COMPUTER SERVICES, INC. **Secretary of State** 03-09-2000 90108 038 ***150.00 Principal Place of Business Mailing Address 166 SUN ISLE CIRCLE 166 SUN ISLE CIRCLE TREASURE ISLAND FL 33706-4986 TREASURE ISLAND FL 33706 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4 FEI Number Applied For City & State City & State 45-0981935 Not Applicable 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 Name . CONNELLY, ROBERTA Street Address (P.O. Box Number is Not Acceptable) 166 SUN ISLE CIRCLE TREASURE ISLAND FL 33706 Zip Code City FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (Seé criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President ☐ Addition TITLE ☐ Delete TITLE ☐ Change Roberta Connuly NAME STREET ADDRESS STREET ADDRESS 1665sun Circle CITY-ST-ZIP CITY-ST-ZIP tricks we island ☐ Change ☐ Addition v Presidenti TITLE Roborta Connelly Turisan late Circle Treasure Island, FC 33706 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Sccretary Roberta Connuly NAME NAME STREET ADDRESS STREET ADDRESS ivu sun iste circu Tragure Island, FL 32706 CITY-ST-ZIP CITY-ST-ZIP Change Addition $\mathcal{L}_{\mathcal{L}}(\mathcal{L}_{\mathcal{L}})$ ☐ Delete TITLE Roberta Connelly NAME NAME STREET ADDRESS STREET ADDRESS 10 4 OUR ISL CONCL Tragure 16land, FC 3370) City-St-7IP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: 2/Color On Manager of Signature and Typed on Printed NAME OF SIGNATURE OF DIRECTOR Dayline Phone #