

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90440 012 \*\*\*550.00

DOCUMENT # 173537

1. Entity Name

R & M Manufacturing Company

**DO NOT WRITE IN THIS SPACE**

969507

2. Principal Place of Business

1200 Albright RD

Suite, Apt. #, etc.

3. Mailing Address

1200 Albright RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sanford, FL

City & State

Sanford, FL

4. FEI Number

59-0700051

Applied For

Not Applicable

Zip

32771

Country

Zip

32771

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Francis L. Thomas

Street Address (P.O. Box Number is Not Acceptable)

201 Woods Trail

City

Sanford

FL

Zip Code

32771

**DO NOT WRITE  
IN THIS SPACE**

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 is issued on printed name of registered agent and side is applicable.

(NOTE: Prepare on agent signature registered when remaining)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
Eriksson, Lars J.  
2050 Spring Landing Blvd  
Longwood, FL

Thomas, Francis  
201 Woods Trail  
Sanford, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Overseer Printed Name

CR2E034B (12/01)