2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

102632 DOCUMENT



FILED Jan 21, 2003 8:00 am Secretary of State

1. Entity Name RMC SOUTH FLORIDA, INC.						01-21-2003 90108 043 ***158.75			
Principal Place of Business 59 SARASOTA CTR BLVD SARASOTA FL 34240 US			Mailing Address 59 SARASOTA CTR BLVD SARASOTA FL 34240 US				1147 1184 1184 1	1811 BIBIL 1881	
2. Principal f	Place of Busin	ess	3. Mailing Address		+				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-0788733		oplied For ot Applicable	
Zip		Country	Zip	Country		_5. Certificate of Status Desired 🗷 🔣	\$8.75 Add	ditional	
	6. Name	and Address of Current I	Registered Agent			7. Name and Address of New Registere	d Agent	_	
BLICKELEW DICHARD A					Name				
BUCKELEW, RICHARD A					Street Address (P.O. Box Number is Not Acceptable)				
59 SARASOTA CENTER BOULEVARD SARASOTA FL 34240						·		***	
SARASUI	A FL 34240			<u></u>					
				City		F			
f. The above the obligat	e named entity tions of registe	submits this statement for ered agent.	the purpose of changing its	registered office of	r registere	d agent, or both, in the State of Florida. I ar	m familiar with,	and accept	
SIGNATURE .		or printed name of registered agent a	nd title if applicable. (NOTE	:: Registered Agent signa	ture required w	when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				·	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.		OFFICERS AND (DIRECTORS	4.4			10 5155555		
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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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND EXPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR