## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attack

SIGNATURE:

with an address, w

NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 28, 2001 8:00 am DOCUMENT # 476997 Secretary of State R&H ASSETS, INC. 02-28-2001 90037 008 \*\*\*150.00 Principal Place of Business Mailing Address 1825 S. RIVERVIEW DR. 1825 S. RIVERVIEW DR. MELBOURNE FL 32901 010/40 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1595831 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REINMAN, JAMES L Street Address (P.O. Box Number is Not Acceptable) 1825 S. RIVERVIEW DRIVE MELBOURNE FL 32901 City 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE DP ☐ Delete TITLE ☐ Change Addition NAME REINMAN, JAMES L NAME STREET ADDRESS STREET ADDRESS 1825 S. RIVERVIEW DR. CITY-ST-719 CITY-ST-ZIP MELBOURNE FL 32901 TITLE VTD Delete ΊΙΤΕ Change Addition NAME NAME MITCHELL, KAREN B. STREET ADDRESS STREET ADDRESS 1825 S. RIVERVIEW DR. CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET AGDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not condicated on this report or supplemental report is true and accurate a first the corporation or the receiver or trustee empowered to execute in qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made undor oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

2-22-01 321-768-2001