

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

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90060 044 ***150.00

DOCUMENT # F00000004107

1. Entity Name

REAL TIME INTEGRATION, INC.



DO NOT WRITE IN THIS SPACE

94032957

2. Principal Place of Business

1819 S. RIVERVIEW DRIVE

Suite, Apt. #, etc.

SUITE 101

City & State

MELBOURNE, FLORIDA

Zip

32901

Country

USA

3. Mailing Address

1819 S. RIVERVIEW DRIVE

Suite, Apt. #, etc.

SUITE 101

City & State

MELBOURNE, FLORIDA

Zip

32901

Country

USA

4. FEI Number

593641867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MICHAEL HAHLE

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

2220 FRONT STREET, #401

City

MELBOURNE

FL

Zip Code

32901

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

MICHAEL HAHLE

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCD	TITLE	
NAME	MICHAEL HAHLE	NAME	
STREET ADDRESS	2220 FRONT STREET, #401	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	JAMES L. SUGGS	NAME	
STREET ADDRESS	915 BROOKSHIRE CR.	STREET ADDRESS	
CITY-ST-ZIP	MALOBAR, FL 32901	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	DONALD DESANCTIS	NAME	
STREET ADDRESS	13000 PIERCE STREET	STREET ADDRESS	
CITY-ST-ZIP	PACOIMA, CA 91331	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MARY ADAMS	NAME	
STREET ADDRESS	13000 PIERCE STREET	STREET ADDRESS	
CITY-ST-ZIP	PACOIMA, CA 91331	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	ROBERT JACKSON	NAME	
STREET ADDRESS	1819 S. RIVERVIEW DR.	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32901	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	PATRICK EIDEMILLER	NAME	
STREET ADDRESS	13000 PIERCE STREET	STREET ADDRESS	
CITY-ST-ZIP	PACOIMA, CA 91331	CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL HAHLE, PRESIDENT

(321) 733-1128

Date

Daytime Phone #