

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000901

1. Entity Name

R M FINANCIAL CORP.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90092 025 ***150.00

Principal Place of Business	Mailing Address
2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH FL 33409 US	2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH FL 33409-3409 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-0831302

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACKEY, WALTER J JR.
772 LAGOON DR.
NORTH PALM BEACH FL 33408

Name

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

2247 PALM BEACH LAKES BLVD., SUITE 204

City

WEST PALM BEACH

FL

Zip Code
33409

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)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCP	<input type="checkbox"/> Delete
NAME	MACKEY, WALTER J JR.	
STREET ADDRESS	772 LAGOON DR	
CITY-ST-ZIP	N PALM BCH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VP	<input type="checkbox"/> Delete
NAME	MACKEY, WALTER J JR.	
STREET ADDRESS	772 LAGOON DR	
CITY-ST-ZIP	N PALM BCH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	ST	<input type="checkbox"/> Delete
NAME	MACKEY, LOIS	
STREET ADDRESS	772 LAGOON DR	
CITY-ST-ZIP	N PALM BEACH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP		

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CITY-ST-ZIP	

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

WALTER J. MACKEY, JR., PRESIDENT 4/26/00 561-684-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)