

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90369 008 ***150.00

DOCUMENT # H13501

1. Entity Name
RETAIL MANAGEMENT GROUP, INC.

Principal Place of Business
1095 BALD EAGLE DRIVE
SUITE 5
MARCO ISLAND FL 34145
US

Mailing Address
1095 BALD EAGLE DR
MARCO ISLAND FL 34145
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2444785**

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

LAPIDUS, VIRGINIA
90 CYPRESS VIEW DR
MARCO ISLAND FL 34113

Name

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

City

FL

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 *Virginia L. Lapidus* PRES. *VIRGINIA L. LAPIDUS* 1/7/02

(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS LAPIDUS, VIRGINIA L.
 CITY-ST-ZIP 90 CYPRESS VIEW DR
 NPLES FL

TITLE ☒ Change ☐ Addition
 NAME PD
 STREET ADDRESS LAPIDUS, VIRGINIA L.
 CITY-ST-ZIP 8657 MUSTANG DR.
 NAPLES, FL. 34113

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS PATTERSON, EUNICE
 CITY-ST-ZIP 270 N COLLIER BLVD #201
 MARCO ISLAND FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Virginia L. Lapidus* PRES. *VIRGINIA L. LAPIDUS* 1/7/02 941-394-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)