

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015174

1. Entity Name

RMIS TECHNOLOGIES, LLC

Principal Place of Business

2879 BRIDLEWOOD DR.  
PALM HARBOR FL 34683

Mailing Address

2879 BRIDLEWOOD DR.  
PALM HARBOR FL 34683

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

NORMINGTON, WILLIAM M  
2879 BRIDLEWOOD DR.  
PALM HARBOR FL 34683-2002

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR  
STREET ADDRESS NORMINGTON, WILLIAM M  
CITY-ST-ZIP 2879 BRIDLEWOOD DR.  
PALM HARBOR FL 34683 ☐ Delete

TITLE NAME MGR  
STREET ADDRESS RYBACK, JAMES A  
CITY-ST-ZIP 614 BAYLAKE TRAIL  
OLDSMAR FL 34683 ☐ Delete

TITLE NAME MGR  
STREET ADDRESS PALMER, U'THAI  
CITY-ST-ZIP 1450 S. GREENWOOD AVE.  
CLEARWATER FL 33756 ☒ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP 34677 ☒ Change ☐ Addition

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90014 042 \*\*\*\*\$5.00

902509



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3685775

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

0041497

CR2E083 (9/01)

01/07/02 227-773-9507