

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000554**

1. Entity Name

RM2 LIMITED COMPANY

APPROVED
AND
FILED

00 APR 18 PM 4:21

Principal Place of Business

15607 COCHESTER ROAD
TAMPA FL 33647

Mailing Address

15607 COCHESTER ROAD
TAMPA FL 33647-1156

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MNM

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-3568301

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, MICHAEL R
15215 AMBERLY DRIVE, #105
TAMPA FL 33647

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

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME BUTLER, MICHAEL R
STREET ADDRESS 15215 AMBERLY DRIVE, #105
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS HORNSTROM, RICHARD N
CITY-ST-ZIP 15607 COCHESTER ROAD
TAMPA FL 33647

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS O'MALLEY, MICHAEL J
CITY-ST-ZIP 6204 EMMONS LANE
TAMPA FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

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

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 OR MANAGER

Date

Daytime Phone #

4/14/00

813-979-1759