

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000554**

1. Entity Name
RM2 LIMITED COMPANY

APPROVED
AND
FILED

00 APR 18 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
15607 COCHESTER ROAD
TAMPA FL 33647

Mailing Address
15607 COCHESTER ROAD
TAMPA FL 33647-1156

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

MNM DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3568830

Applied For
Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
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

4/14/00 813-979-1759
Date Daytime Phone #